PLACE OF DEATH

131

STATE OF MARYLAND CERTIFICATE OF DEATH

County	<i>v</i>	701		Dist. No. 38
Village or Stone	leight (No.	603 Stoneleigh	Rd St.: Ward	tion, give its NAME in-
2FULL NAME	Leonge Albert	Abbott		stead of street and number.)
PERSONAL AND S	TATISTICAL PARTICULARS	MEC	DICAL CERTIFICATE	OF DEATH
Male Mi	R RACE 5 SINGLE, MARRIED, Moarr WIDOWED, OR-DIVORCED (Write the word)	16 DATE OF DEA	Dec '	7 , 1937 7 (Day) 1937(Year)
6 DATE OF BIRTH	(Month) (Day)	867 Nov. 13	EBY CERTIFY, That I not 1937 to De	n nn
7 AGE OCCUPATION (a) Trade, profession or particular kind of work	8 mos. 21 ds. or.	min.? The CAUSE OF D	coursed on the date state EATH * was as follows: EMMERSTITE EMSION	etiss
	in	Contributory Secondary	(Duration)	
10 NAME OF FATHER GLORGE OF FATHER	Abbott	(Signed)	92 (Address) 6.0141 Disease Causing Death	Jook Road
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	entines Burgeer		t Residents)	oitals, Institutions, Trans-
	THE BEST OF MY KNOWLEDGE	Where was disease if not at place of Former or usual residence	death?	
(Address) 603	Stoneleigh St.	Greennount	t Cemetery	Dec.10 . 1937
15 Files File 87 192	87 Manual Land	trar DO UNDERTAKER	Cook	ADDRESS 1003 W. Baltimore St.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesman. (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plonler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a r," etc., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Loborerknow without more precise specification as Day (a) the kind of work and also (b) the -Coul mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

DEC 151

...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Whooping American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need not be etc. The contributory volvular heort diseose; Always qualify all "Dropsy, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

O.D. Every item of infor-PAYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY, WITH

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(83)
County Baltimore	Registration Dist. No. 30
Village or City Spring Trave Acapactal	Cathonnille St, Warr
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosg_ds. How long In U.S. if of foreign birth?
2. FULL NAME Samuel Alban	If U. S. Veteran, specify WAR
11. 11 0 4 0	St., Ward.
(a) Residence: No. 940 / Game Dus (Usual place of abode)	Ballimone If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the w	
Se. If married, widowed, or divorced HUSBAND of	22 LUEDERY CERTIES THE MANAGEMENT OF
(or) WIFE of Junes Hollow	22. HEREBY CERTIFY, That I ettended deceased fro
5. DATE OF BIRTH (month, dey, end year) DAC. 7 1891	I lest sew helsen, alive on December 10 ,1977; death is sa
AGE Years Months Days If LESS	1/2
46 0 24 1 dey,	in the follows:
8 Trade profession or particular	Date olons
kind of work done, as SPINNER, 2cc Gray Coal Ola	les Janeral Pareres Getal. 193
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	<u></u>
this occupation (month end 1936 spant in this occupation 4	/
all 0 1	Other Contributory Causes of Importance:
(State or country)	
	North Name
(State or country)	Neme of operation
15. MAIDEN NAME Unknown	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
21 6	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) MMMMMMM (State or country)	Where dld injury occur?
17. INFORMANT. Haspaital Resords	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, 99 REMOVAL	Menner of Injury
Place Holy Clalement your 4,1	920- Neture of Injury
19. UNDERTAKER Flank Couch & Son (Address) 1901 Philand And	24. Wes disease or injury In any way related to occupetion of deceased? No.
a v	(Signed) They of Krunkell M.
20. FILED 30, 19 Regis	// 8 . /
If more blacks are fleded added Seas P	constrar 24 v. N. Charles Street Relimore Pennstra 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 4 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state dation should be carefully supplied. AGE should be stated EXACTLY. PAYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY, WI

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(47 R)
County Balto	Registration Dist. No.
Village or City Pubebville	NoSt., Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mrsmsds.
2. FULL NAME Edward albert at	1/2- 2 /2
(a) Residence: No. Pake malle (Villa Kora)	wenger.
(Usual place of abode)	St.7 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warried Married	21. DATE OF DEATH De Cecubar 22 nd (Month) (Day) (Feet)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emmu K. Albaugh	22. I HEREBY CERTIFY. That i attended daceasad from
6. DATE OF BIRTH (month, day, and year) Feb. 24- 1881	I last saw h invaliva on Dependence 1927; death's said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, et 6.300, m.
56 9 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were established.
8. Trade, profession, or particular kind of work done, as SPINNER.	Pulmonary Concinous Date of onset
kind of work done, as SPINNER, Commusion SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	P
work was done, as SILK MILL Sea Ford SAW MILL, BANK, etc.	alunery (Demorrange)
kind of work done, as SPINNER, Commussion SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. Sea Ford SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month end years) yaar) occupation.	
12. BIRTHPLACE (city or town) Baltemere Md. (State or country)	Other Contributory Canses of importanca:
13. NAME George a albando	
13. NAME Sevye a Albanyla 14. BIRTHPLACE (city or town) Ballemole (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Rose divithicum 16. BIRTHPLACE (city or town) Ballimin Add (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mes Emma K. albaugh	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Mannar of injury
Piace Modern Date 24, 195/	Nature of injury
19. UNDERTAKER Took	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) So 2 madian ae	if so, specify
20. FILED 12 23 , 1937 6 6 , 11 Charles	(Signed) The Sieries M. D. (Address) 28 27 M. Callery 48 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
OR FURTH	ER STATEMENTS BY PHYSICIAN	9
	1915 1921 July 5,1927 May 1,1923	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	tem of infor-	should state	of OCCUPA.	
2	NT RECORD. Every i	LY. PHYSICIANS	. Exact statement	
LOIN DIVIDITIO	IS A PERMANE	stated EXACT	properly classified	certificate.
DATE TO THE PROPERTY OF THE PR	UNFADING INK-THIS	supplied. AGE should be	n terms, so that it may be	ee instructions on back of
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REICGRD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12654
1. PLACE OF DEATH	(46-G) VA
County & Satto	Registration Dist. No. 30
Village or City Catonrulle Cyput 2	No St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)
1 1	s. 21 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME GOSEPM TT. ASA	lly
(a) Residence: No. 11105 M Faul	1. 87, Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
William OR DIVORCED (write the word)	Dec / 1937
	(Month) (Ddy) (Rear)
5a. If merriad, widowed or divorced HUSBAND of (or) WIFE of Access 200	22. I HEREBY CERTIFY, That I attended deceased from
- Marca Mary	Nov 15, 1927, 10 bes 1, 1927
6. DATE OF BIRTH (month, dey, end year) Feb 8- 1872	I last saw him alive on 160-30, 1937; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
65 70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows:
8. Treda, profession, or particular	Date of onset
kind of work done, es SPINNER, Bude Bulde	Carcinoma of Stomach 1 m
9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc	8
O the deceased lest worked at this occupation (month end 1935) spent in this occupation occupation	
h m- 1	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Gallians (State or country)	
Ε Ο	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
	What test confirmed diagnosis? Ingues Was there an autopsy? Mass there are autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) - Marketing (State or country)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) - Standbrus (State or country)	Accident, suicide, or homicide?Date of Injury19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / When Oshley y	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 609 Orpington A.A. 18. BURIAL, CREMATION, OR REMOVAL	
Place wants Date Dec 4, 1937	Manner of injury
A 10 1	Nature of injury
19. UNDERTAKER GOWN A. MANAGER ALL ALL MANAGER (Address) 3000 E. Balls ALL	24. Was diseese or injury in any wey ralated to occupation of deceased?
1200 1 227 744 0 44 14 6	(Signed) Marshall B West M.D.
20. FILED Dec 1, 1937 marshall B west	(Addrass) Catomulle hid
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		DEC	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:37 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	3)
County Dultmare	Registration Dist. No.
Village or City Chaesing	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	.mos/_ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Bake Barnes	If U. S. Veteran, specify WAR
(a) Residence: No. Plusessa (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word Steel Brown	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stel Boxx	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Dec 28 1937	I last saw h alive on
7. AGE Years Months Days If LESS the	
Still Bour 1 day,	THE I KINCH AL CAUSE OF DEATH and leneted ceases of importance
9 Trade profession or postinular	Were as follows: Date of onset
SAWYER, BOOKKEEPER, etc	n lee v
9. Industry or business in which work was done, as SILK MILL,	3900
No. Trees, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
O this occupation (month and spent in this occupation	
12' BIRTHPLACE (city or town) Placence (State or country) Balta to Make	Other Cantributery Causes of Importance:
13. NAME Mithall Breeses	
13. NAME Mutchell Barres 14. BIRTHPLACE (City of 15/11) Guile Place (City of 15/11) Guile Place (City of 15/11)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Kate Dorsey 16. BIRTHPLACE (city or town) St. Many 16	23. If death was due to externel causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) St. Marys 16.	Accident, sulcide, or homicide?
17. INFORMANT Muthell Barnes (Address) (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Development Dete Dec 30 ,193	7 Nature of Injury
19. UNDERTAKER (Address) Sycalog and	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20, FILEO Dec. 30, 1937 anno Price	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			= - 4-	

infor-

Jo

OCCUPA		
Jo		
statement		
Exact	1	
classified.		
properly	certificate.	
be	Jo	
o that it may	tions on back	
terms, s	instruc	
plain ter	Sec	
CACSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	TION is very important. See instructions on back of certificate.	
CAUSE O	TION is v	

19. UNOERTAKER (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred If U. S. Veteran, specify WAR 2. FULL NAME (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. OR DIVORCED (write the word) (Month) (Day) 5e. tf married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 19...... 19...... 19....... 19...... I lasf saw h.....; death is said 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years **Oavs** 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc -10.-Date deceased last worked at 11. Total time (years) this occupation (month and spent in this G occupation 12. BfRTHPLACE (city or town) ___ (State or country) FATHER 13. NAME Name of operation _____ Date of _____ 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? _____ Was there an autopsy?____ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town)_____ (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis E E VE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1 3AN 4 1938	July 5,1927	Peritonitis	3 days ago	
BUREAU V.	3. 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

(Address)

(Address)

item of inforshould state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12657
1. PLACE OF DEATH	159
County Bullimore	Registration Dist. No. 44
	No. St., Ward
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME Daty Doy Bener	
(a) Residence: No. Oaf Male Que, Konda	Cest., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. OR DIVORCED (write the word)	Lee LO 1937
5a. If marriad, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10 16 16 7	20, 19.3.7., to
6. DATE OF BIRTH (month, day, and year) Dec 19, 193	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
ormin.	were as follows:
8. Treda, profession, or particular kind of work done, as SPINNER,	Vilmalul
No like, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupation (month and specific propriets) of month and specific propriets of month and specific p	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Coredale	Other contributory control of himpotanice.
(State or country) M. a.	
13. NAME Junes Henry Junth 14. BIRTHPLACE (city or town). Pla.	\$
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIOEN NAME Mary Jugal Berker.	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Mary Juzie Berker. 16. BIRTHPLACE (city or town) Release	Accidant, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Henry Berker	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Mannar of injury
Nature of Injury

24. Was disease or injury in eny way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JAN 6	1938			
Other contributory causes of importance:	V. S.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	•	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12059
1. PLACE OF DEATH	3.0
county Baltimore	Registration Dist. No. 40
Village or City Tarkville	No. 8005 Manor Stellt, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	
2. FULL NAME John Dewyl	Betgner
(a) Residence: No. 8005 Thrank	Task O Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warreel	21. DATE OF DEATH (Month) (Pay) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of arrive Betaner	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 20-1857	i lest saw halle alive on 19 death is seld
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
80 — 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fairows:
8. Trade, profession, or particular kind of work done, as SPINNER, Scatives SAWYER, BOOKKEEPER, etc.	Cheering Protete. Date of onsot
9. Jndustry or business in which	Uzlus pelasi
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Statilita
10. Date deceased last worked at this occupation (month end year)	
4, -, 11	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) State or country) Sullana	
W 13. NAME Frederich Betarrer	1
14. BIRTHPLACE (city or town) Dermany	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
E A TIV	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19, Where did Injury occur?
17, INFORMANT Mrs / + a agen (Address) 8005 manor stoad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
13 Hotonker Hill I hotel Dec. 30, 1937	Nature of Injury.
19. UNDERTAKER SUS JO O J Ventucky and	24. Was disease or Injury III any way related to occupation of deceased?
20. FILED/2/28 , 1937 G. M. Bacon Registrar.	(Signed) Nessey Bole M. D. (Address) Educatules de Bole Re

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AI	DITTONAL	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIA	N
**	DITTUMENT	DI ALCIE	TOIL	T. OILLITEIL	STATEMENTS	10.1	FILESICIA	A TA



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STATE OF MARYLAND—CERTIFICATE OF DEATH 12660

_	(23)	
	Mt. Wilson Branch. No. 100 No. Tuberculosis Sanatoriumst, death occurred in a horpital or institution, give its NAME instead of street and n	Ward
os.	18_ds. How long in U.S. if of foreign birth?yrsmo	
	If U. S. Veteran, specify WAR	•••••
	St., Ward. Baltimore, Md. If nonresident give city or town and to	State
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH December 13 (Month) (Day)	193.77 (Year)
	January 25 19 37, to December 13 19 37	3., 1937
	to have occurred on the dete steted above, at 6. 10Pm.	, 00011112 2013
\$.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Cate of onset
	Pulmonary Tuberculosis	0ct. 1936
0.	Other Contributery Causes of Importence:	
	None	
	Neme of operation	
	What test confirmed diagnosis? X-TSY, SND Wes there en a CUDETCLE DECILL WETE TOUND IN 23. If death was due to external causes (VIOLENCE) fill in also the following	sputum
	Accident, suicide, or homicide? Dete of Injury	, 19
	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
7	Manner of injury	
	24. Was disease or injury in any way related to occupation of deceased? A	9
9	(Signed) Mt. Wilson, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Screet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 4 1938			
Other contributory causes of importance:	160-0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WI

TION is very important. See instructions on back of certificate.

(RD. Every item of infor-

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH		(93-6)
County Ballimore	******************	Registration Dist. No. 44
Village or City		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) St., How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME John The Carlo (a) Residence: No. Popular	1 ,	vorthe If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
24. A.	R DAVORCED (write the word)	21. DATE OF DEATH (Month) 8 th (Day) 193 7 (Month) (Day)
e. If married, widowed, or divorced HUSBANO of (or) WIFE of Mennie	Stokes	22. I HEREBY CERTIFY. That I attended deceased fro
DATE OF BIRTH (month, dey, end year)	2.28-1875	I last saw h; deeth is se
AGE Yeers Months	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date steted above, at
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	lover 11. Totel time (years) spant in this occupation	Cicule Cardiac Failuse Brimary Course I Chronic onyocarditiss. Duration : Two years on more Crusse. Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	gland.	
13. NAME Unlearned 14. BIRTHPLACE (city or town) (State or country) Levy	gland.	Name of operation Date of What test confirmed diegnosis? Was there an eu'opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT Mags. Jabithus (Address) Popular Rd.	Wehner	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Place of cores deart of huma	12/10,1937	Manner of injury
9. UNDERTAKER John G. Ce Br (Address) Essex 22	nelly	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED 12/9 , 1937 John 1	Cernelly Registrar.	(Signed) Ired W young b orong M. (Address) Stemmen Pun & Md.

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

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of OCCUPA-

1. PLACE OF DEATH	- Go
County Ballinne	Registration Dist, No. 95
Village or Gity whate Itall. Ind	No. St. Ward
7 - (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred.	sds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Sarah C. Bon	ham
(a) Residence: No. While Stall h	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lee 9 193 7
5a. If marriad, widowed, or divorced	(Month) (Ďay) (Year)
(or) WIFE of Frank R. Bonham	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 31 1856	I last saw here alive on Law 8 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
G1 4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
o. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dafa deceased last worked at this occupation (month end	Chronice Valorelandrant 1036
9. Industry or business in which work was done, as SILK MILL, Havenife	- Carane
10. Data deceased last worked at this occupetion (month end spant in this	
year) occupation	Other Control of the state of t
12. BIRTHPLACE (city or town) Jefferson Co	Other Centributory Causes of Importance:
(State or country) W- ya	
13. NAME Jame Sansiles	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Comender Trucks	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Consumble Touchs 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
Take D. B. Ja	(Specify city or town, county and State)
17. INFORMANT (Address) While Hall, hall	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL LESTON	Manner of injury
Place Egge Hilly 115 5g Date Der 12 1937	Nature of Injury
Pha 11 de	
19. UNDERTAKER . Markline for	24. Was disease or Injury in any way related to occupation of deceased?
(Address) While Itall, Ind	If so, specify
20. FILED Alec 9, 19.37 M. O Jo Anus M. O.	(Signed) Future Dorliner M. D.
Registrar.	(Address) Whom I talk Ind:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU	100 mm 10		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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ITE PLAINLY, WI UNFADING INK-THIS IS A PERMANENT R. ARD. Every item of infor-	n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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04	hol	OF	is very important. See instructions on back of certificate.
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STATE OF MARYL	AND-CER	TIFICATE	OF	DEA	TH
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12663

1. PLACE OF DEATH	23
County Baltimore	Registration Dist. No.
	No
- C 0	
(a) Residence: No. (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word) Wildered	21. DATE OF DEATH (Month) (Dey) (193 7 (feer)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of Saurea Nellie Lalbott	22. I HEREBY CERTIFY That I attended deceased from Lec. 4. 1937, to Lec. 6. 1937
6. DATE OF BIRTH (month, day, and yeer) Nov. 18, 1882 7. AGE Years Months Days If LESS than 1 dey,	I lest saw h size alive on POLO 5 , 1927; death is said to have occurred on the deta stated above, at 4300 m.
S Trade profession or naticular	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, atc. 10. Deta decaesed lest worked at this occupation (month end yeer)	Pulmon ary Nework age Oce 4/3/2
12. BIRTHPLACE (city or town) Phoenical (Steta or country) Balto Ca, Mid	Probably Julio culous
13. NAME Jather Barley 14. BIRTHPLACE (city or town) (Steta or country)	Name of operation Dete of Whet test confirmed diagnosis? Clus Cal Westhere an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stets or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicida?
17. INFORMANT Ma Edgar Bode (Addrass) Grass And	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Laplas Carlage & Dete Det. & 1937.	Menner of Injury
19. UNDERTAKER Was Charles 13. (Address) Spander, 7. 10. 1	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILED Dec. 7 , 19,27 William & lakel con	(Signed) Lower M. D. (Address) Ceclery Sville Jusq.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. Statc the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

TION is very important.

of OCCUPA-

Exact statement

County Date of Village or City Myndow No. No. No. No. St., Ward (If death occurred in a horpital or institution, give its NAME inteed of street and number) Length of residence in city or town where death occurred
Length of residence in city or town where death occurred. 2. FULL NAME Mary Invisor Brown (a) Residence: No. Nothing from Valley (Usual place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sprint the word) 5a. If married, widowed, or divorced HUSBAND of ((I) will be of 4. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 4. Particular MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 11 LESS than 1 day, Intra- 1 day, I
(a) Residence: No. Nachungton Valley PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE S. DI Married, widowed, or divorced HUSBAND of (A) WIFE of DATE OF BIRTH (month, day, end year) 8. Trede, profession, or perticular Nand of work done, as SPINNER, SAWYER, BOUNKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, Nand 11. Total time (yeers) S. Married, profession, or perticular Nand of work done, as SPINNER, SAWYER, BOUNKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, Nand 12. BIRTHPLACE (city or town) (State or country) Name of operation. Was there an eulopsy?
(a) Residence: No. Northurgton Valley PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months A Trede, profession, or perticular wind of work done, as SPINNER, SAW MILL, BANK, etc. 9. Industry or business in which SAW MILL, BANK, etc. 9. Industry or business in which SAW MILL, BANK, etc. 9. Industry or business in which SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) Manuel Class Name of operation.
Cusual place of abode If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced (work) HUSBAND OF ORD DEATH 22. J HER EBY CERTIFY, That I attended deceased from 19. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of constitution of this occupation (month end year) 12. BIRTHPLACE (city or town) Cistate or country) L. BIRTHPLACE (city or town) Cistate or country) Name of operation. Name of operation. Name of operation. Name of operation. Was there an eulopsy?
5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days IT LESS than 1 day, hrs. or min. 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) Citate or country) Manuel 14. BIRTHPLACE (city or town) Citate or country) Name of operetion Name of operetion What test confirmed diegnosis? Was there an eulopsy? Was there an eulopsy?
HUSBAND of (or) WIFE of 22.
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Pars Months Pars Months Pars Months Pars Months Pars Nor. min. I last sew her alive on 12.95.7; death is said to have occurred on the date stated ebove, et 12.30.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of eneet 12. BIRTHPLACE (city or town) (State or country) Date of Name of operetion Name of operetion What test confirmed diegnosis? Was there an eulopsy?
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Chas. Brown 14. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diagnosis? Was there an eulopsy?
State or country Turk Company Company
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, More 10. Date deceased last worked at this occupation (month end year) 11. Total time (yeers) spant in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Chas. Brown 14. BIRTHPLACE (city or town) (State or country) Name of operation. Name of operation. Was there an eulopsy?
year) Occupetion Other Centributery Causes of importance: 12. BIRTHPLACE (city or town) Bulto Co (State or country) 13. NAME Chas. Brown 14. BIRTHPLACE (city or town) Date of Operation What test confirmed diagnosis? Was there an eulopsy?
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13. NAME Chas. Brown 14. BIRTHPLACE (city or town) Fushiolist Co What test confirmed diagnosts? Was there an eulopsy? Was there are eulopsy? Was there eulopsy?
14. BIRTHPLACE (city or town) Fushick to Name of operation Name of operation Date of What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Mildred Brown 23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mildred Brown 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Mildred Brown 23. If death was due to external ceuses (VIOLENCE) fill In also the following: Accident, sulcide, or homicide? Where did Injury occur? Where did Injury occur?
(Specify city or town, county and State) 17. INFORMANT Chas Brown (Address) Alemdon M d (Recify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL
Place Darw Cerm. Date Dec. 10, 1937. Nature of injury
19. UNDERTAKER I F. Cleine of Souls 24. Wes disease or injury In any way related to occupation of deceased? No.
(Address) Acceleration Md If so, specify
20, FILED Dec 10, 1937 J. Renve Price (Signed) D. D. Eagles M. D. Registrar. (Address) Reinterntown, md

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
16 JAN 3 1300 W			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ward) (If denth occurred in a hospital or institu-tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word) BINDING I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH that I last saw h warkalive on . (Month) (Day) (Year) and that death occurred on the date stated above, at ... 7 AGE If LESS than The CAUSE OF DEATH ? was as follows: I day hrs.yrs......mos......ds. or min. ? te OCCUPATION (a) Trade, profession or particular kind of work 0 (b) General nature of industry d business, or establishment in (Duration)yrs......mes..... which employed or (employer)..... Contributory 9 BIRTHPLACE (State or country) 0 10 NAME OF ARG (Signed) FATHER .. 193 7. (Address).... 11 BIRTHPLACE धा ३ ENT AUSI OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether (State or country) Accidental, Suicidal or Homleidal. C 12 MAIDEN NAM UPA 0 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate lents, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER should sent of OC State, yrs. mos. da of death yrs. .. mos. da. (State or country) of Where was disease contracted, if not at place of death?..... Former or usual residence. Every it CIARS TE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

LYDAXE 10 H 3 5 Pille (1) 200 100 ,... (3 AU I TUDDO Ine

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Whatever, write None. tired 6 yrs.). Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the er," etc., without more precise specification as Day additional line is provided for the latter statement; it laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) worked on may form part of the second statement. nature of the business or industry, and therefore an Physiciun, Compositor, Architect, Locomotive engineer, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But In many the first line will be sufficient, e, g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation duties of the

Typhoid fever (never report "Typhoid pneumonla"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pncumonia, Bronchopneumonia ("Pneumonia, Statement of Cause of Death-Name, first, the bis-

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarringe as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal "Uracmia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Rocommendations on state-The na-(merely (disease

the ence. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quese. All the data is essential and must be obtained before certificate is permanently filed.

V. S. No. 1

M	-WRITE PLAINLY, WI UNFADING INK-THIS IS A PERMANENT RICHARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
D FOR BINDING	IIS IS A PERMANENT I	be stated EXACTLY.	be properly classified. E	of certificate.
MAKGIN RESERVED FOR BINDING	UNFADING INK-TH	supplied. AGE should	in terms, so that it may	See instructions on back
0, 1	-WRITE PLAINLY, WI	mation should be carefully	CAUSE OF DEATH in pla	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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	2	()	U	()	

1. PLACE OF DEATH	947
County Balto, Co.	Registration Dist. No. 40
//	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurred	sds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME to harles C. Just	If U. S. Veteran, specify WAR
(a) Residence: No. Jarry (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The sex of	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha L. Burton	22. HEREBY CERTIFY That I attended daceased from 197, to 2 - 25, 197.
6. DATE OF BIRTH (month, day, and year) Jan. 28, 1876	i iast saw h a aliva on Dec 25, 193); daath is said
7. AGE Years Months Days if LESS than	to have occurred on the data steted above, at T
6/ 17 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Treda, profession, or particular kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc	Coronary Thrombosis, 1/34/3)
10. Data deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
a 13. NAME Levi Burtan	
13. NAME Levi Oduslan 14. BIRTHPLACE (city or town) Balls Co. (State or country) Md.	Name of operation Date of What test confirmed diagnosis? Clandel Wes there an autopsy?
15. MAIDEN NAME Annabella Fagg 16. BIRTHPLACE (city or town) Balla. Ca. 17. INFORMANT Mrs. M. L. Burton (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Wangle & Happel Date Dec 7, 1937	Manner of injury
19. UNDERTAKER TEACH. Lassafin & Ann. (Address) 7 401 Balayy Not. 20. FILED 7257 N. M. M. M. M. M. M. Registrar. Registrar.	24. Was disease or injury in any way related to occupation of daceased? If so, specify (Signed) M. D. (Address) M. D.
Acgistus.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 50 M 42 A 11 A 2	man,			
Other contributory causes of importance:	1:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	
			1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1 9 1

MARGIN RESERVED FOR BINDING

of info	1. PLACE OF DEAT	гн			93.0	
of of of	County Baltimo	re		, d.	Registration Dist. No.	10
E 2	Village or City Ca				No. Spring Grove State Hosp. death occurred in a hospital or institution, give its NAME instead of str	St.,Ward
= 0	Langth of rasidanca in cit	ty or town whare	death occurred 2	yrs. 3 mos	death occurred in a hospital or institution, give its NAME instead of su	eet and number)mosds.
Every CIANS ement	2. FULL NAME	ohn Wil	liam Campl	pell	If U. S. Veteran, specify WAR	
RD. YSI stat	(a) Residence: No. 2 Annapolis	O Holla	nd Street (Usualplace	of abode)	St., Ward. If nonresident give city or to	own and State
PH act	PERSONAL AN		TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	ATH
ENT RICH TLY. PH ed. Exact		r or race hite	5. SINGLE, MAR OR DIVORCE SING	RIED, WIOOWED, D (write tha word)	21. DATE OF DEATH December 10 (Month) (Day)	, 193.7
ACTL assified.	5a. If marriad, widowed, or divo HUSBANO of	rcad			22. I HEREBY CERTIFY, Thet is	
W 4 60	(or) WIFE of	-			August 12 ,1934 ,to Dec. 10	
EX Class	6. DATE OF BIRTH (month, day	, and year)	December	24, 1904	I last saw him alive on Dec. 10,	
od erly icat	7. AGE Yaars	Months	Oeys	if LESS than	to have occurred on the dete stated above, at3:15_p.m.	
IS A PES stated E properly certificate.	32	11	16	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importar were as follows:	Oate of enset
HIS be be of	8. Trede, profession, or pe kind of work done, SAWYER, BOOKKEE 9-Industry or business In- work was done, as S SAW MILL, BANK, 6	PER, etc	none		Schizophrenia	bef. 1935
Should it may n back	9 Industry or business In work was dona, as S SAW MILL, BANK, e	SILK MILL,	-		Acuta myocarditis	Dec. 1937
INK Shart it on	10. Date deceased last wor this occupation (more year)	kad at nth and	Sp3	ima (yaars) nt in this upation		
DIT. So so	12. BfRTHPLACE (city or town) (State or country)	Maryl	end		Other Contributory Causes of importance:	
FA lied ms,	1 27	y Campb	ell			
sur in t	13. NAME Henry 14. BIRTHPLACE (city or to (State or country)	wn)Ma	ryland		Neme of operation none What test confirmed diagnosis? clinical was t	Dete of
	15. MAIOEN NAME	Sarah F	reeman	HIGAEL DV U	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the	
fNLY, WI, be carefully EATH in pla important.	16. BIRTHPLACE (city or to				Accident, suicide, or homicide? Date of injury Whare did injury occur?	y, 19
ADDA	17. INFORMANT Mrs S (Address) 20		Campbell Street.		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
	18. BURIAL, CREMATION, OR R	EMOVAL A	44 Dets 5 9	12 1937	Manner of Injury	
mation CAUSE TION i	19. UNOERTAKER	u M	Jay 1	en mil.	24. Wes disease or injury in any way related to occupation of dece	nsed? nc
	20, FILEO 12/1-4	192	Holes	Lucas	(Signad) Our June	M. D

If more blanks are negled, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4 1330	July 5,1927	Peritonitis	3 days ago
- WEAU V. S. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-PERMANENT RI stated EXACTLY. classified. properly UNFADING INK-THIS pe should be CAUSE OF DEATH in plain terms, so that it may AGE mation should be carefully supplied. RITE PLAINLY

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12668
1. PLACE OF DEATH	(67)
County Jack 1	Registration Dist. No. 40
Village or City Baldwar W	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s,ds. How long in U.S. if of foreign birth?yrsmosds
The contract of the	13.00.
2. FULL NAME ALLOCATED CE, Campo	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DtyORCED (wpite the word)	21. DATE OF DEATH (Month) (Day) (Ygar)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, Thet I ettended deceased from
Sut 2-1914	Hast saw have alive on alled married 19 deeth is sai
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, et
5 3 1 1 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	shooting 1931
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	·
10. Date deceased last worked at this occupetion (month end spent in this occupetion coupetion	
not Carolina	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
note Carolina	Neme of operation
(State or country)	Whet test confirmed diegnosis? Was there an autopsy? Wy
15. MAIDEN NAME	23. If deeth was due to external causes (VIQLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Such al Dete of injury Local 3, 19.3
(State or country)	Where did injury occur? Praldwin me,
17 INFORMANT Chester C. Trivett	(Specify city or town, county and State) Specify whether injuly occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Boldwin Wide	In home
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Stat self in Chest.
Date 10 1 19	Nature of Injury Kunning wound
19. UNDERTAKER Claure E. arthur	24. Was disease or injury in any way spated to occupation of deceased?
(Address)	If so, specify
20, FIXED 3/3/ IN YWWWWITT	(Signed) (Signed) M.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	5. 22		a dayo ayo
	111		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

n of infor-ould state OCCUPA-

item	sho) Jo	
RD. Every	YSICIANS	statement	
NT R	LY. PH	l. Exact	
ERMANE	EXACT	classified	e.
S IS A P	e stated	e properly	f certificat
N. B.—WRITE PLAINLY, W. UNFADING INK—THIS IS A PERMANENT R 5RD. Every item	should be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of (TION is very important. See instructions on back of certificate.
TEADING	olied. AGI	ms, so tha	nstructions
WI UN	efully supp	in plain ter	ant. See in
PLAINLY,	ould be car	F DEATH	ery import
-WRITE 1	mation sho	CAUSE O	TION is v
N. B.	1		

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	60	1	- 4	D	1	h
1	2	U	T.	1		Ŧ

Village or City. He College Langth of residence in city or town where death occurred	1. PLACE OF DEATH	3
Langth of residance in city or fown where death occurred. Langth of residance in city or fown where death occurred. 2. FULL NAME (a) Residence: No. ### AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, MIDOWED 5. II married, widowed, or diverced Closed pace of shoods Closed pace of	County Baltimore	Registration Dist. No. 30
2. FULL NAME (a) Residence: No. Holly (Usual place of shook) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 55. II Married, vidowed, or diverced (us) wife of (1) by (1) (Month) 56. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or perticular sind of work done, as SPINHER, SAWMUL, BANK, etc. 10. Shill, BANK, etc. 11. Total tims (years) 5. SINGLE, MARRIED, WIDOWED 12. BIRTHPLACE (city or town). Spont in his corcupation. 12. BIRTHPLACE (city or town). Spont in his corcupation. 13. SAME 14. SINGLE WAS ARRIED, WIDOWED 15. MARDEN NAME 16. SAWMUL, BANK, etc. 17. Indicative or business in which will be a spont in his corcupation. 18. SINGLE WAS ARRIED, WIDOWED 19. SAWMUL, BANK, etc. 19. SAW	Village or City Hollefalls (IF	Train train
(a) Residence: No. Harder Manager Control (Unusiplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKEE, WIDOWED, OR DIVORCD (weight the yard) 5. Ill married, widowed, or divorced (un) Wilf of (or) Wilf or (or) Wilf of (or) Wilf or (or) Wilf or) Wilf of (or) Wilf or (or) W	Langth of residanca In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Currie the world Or DIVORCED	(a) Residence: No. Hollfelld had	St., Ward.
22. I HER EBY CERTIFY. That I attended dacessed from (worked) or divorced (co) Wife of (work). The standard day, and year) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If USS than I day		
So. If married, widowed, or divorced HUSAND or Centre of Corp. WiFE of C	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Dec. 30 1937
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs. ofmin. 8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOUNKEEFER, etc. SAWYER, BOUNKEEFER, etc. SAW MILL BANK, etc. 10. Oast deceased last worked et 11. Total time (years) spant in this occupation Other Cestribatery Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) Was there an autopsyn. 14. BIRTHPLACE (city or town) (State or country) Was there an autopsyn. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) TI. INFORMANT Angle Cause Accident, suicide, or homicide? 19. UNDERTAKERA Accident, suicide, or homicide? Specify whether injury occurred—in INOUSTRY, in HOME, or in PUBLIC PLACE (Signed) 19. UNDERTAKERA Menner of injury Nature o	HUSBAND of	22. I HEREBY CERTIFY, Thet I attended daceased from
Syndustry or business in which was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 20. FILED 21. Total tima (years) 31. Total tima (years) 32. FILED 31. Total tima (years) 42. Filed 43. Filed 44. Was disease or injury In any wey raleted to occupation of deceased? 44. Was disease or injury In any wey raleted to occupation of deceased? 44. Was disease or injury In any wey raleted to occupation of deceased? 44. Was disease or injury In any wey raleted to occupation of deceased? 44. Was disease or injury In any wey raleted to occupation of deceased? 45. Filed 46. Address 47. Filed 47. Filed 48.	7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	I last saw h
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OF REMOVAL (Address) 19. UNDERTAKER 19.	8. Frade, profession, or perturbing kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Stillton (Premotiene)
What test confirmed diagnosis? Was there an autopsy? Most test confirmed diagnosis? Was test confi	year) occupation 12. BIRTHPLACE (city or town) Actually	Other Cantribatory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy? Mo 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNOERTAKER (Address) 20. FILED 20. FILED (Signed) (Signed) (Address) Was there an autopsy? Mo 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Dete of Injury (Specify city or town, county and State) Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Menner of Injury Nature of Injury 19. UNOERTAKER (Address) (Signed) (Address) M. D. (Address) (Address) Mas there an autopsy? Mo 20. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Dete of Injury (Specify city or town, county and State) Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (In the confirmed diagnosis? Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred—in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and Induced Place Place P	13. NAME George Canton Cannon 14. BIRTHPLACE (city or town) Balturore	
18. BURIAL, CREMATION, OR REMOVAL Place Hall Tiple Menner of Injury 19. UNOERTAKER A. Degistrockery (Address) 20. FILED 2, 19	15. MAIDEN NAME Toris Due Valle 16. BIRTHPLACE (city or town) Batta. County (State or country) 17. INFORMANT Large Cannon	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(Address) If so, specify (Signed) (Address) M. D. (Address)	18. BURIAL, CREMATION, OF REMOVAL	
20. FILED (Address) (Delem tol) Made		
	Registrar.	(Address) Clerting and

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4 1933	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

H

V. S. No. 1

NFADING INK-THIS IS A PERMANENT RICEBOL Every item of info plied. AGE should be stated EXACTLY. PHYSICIANS should starms, so that it may be properly classified. Exact statement of OCCUPA

1 9 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred _mos.____ds. How long in U.S. if of foreign birth?_____vrs.____mos.__ If U. S. Veteran, specify WAR. (a) Residence: No. If nonresident give city or town and State sual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Day) (Yaar) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years to have occurred on the date stated abova, at 12- a . m Months If LESS then Days 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance 3 52 or____min. 8. Trade, profession, or particular 12/10/37 OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at 11. Total time (years) this occupation (month and year) spent in this occupation ___ 2 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?____ Was there on autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Menner of injury 24. Was disease or Injury In any wey related to occupation of deceased?_ 19. UNDERTAKER (Addrass) if so, specify ____

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1 none
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Langth of residence in city or town where dasth occurred	STATE C	F MARYLAND-	CERTIFICATE OF DEATH
Village of City. Length of residence in city or town where deeth occurred. Length of residence in city or town where deeth occurred. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: N	13 00	·	Registration Dist. No. 38
(a) Residence: No. Cuasible of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE OR DIVORCED (write the word) S. SEX 1. COLOR OR RACE OR DIVORCED (write the word) S. Lift married, widoward, or divorced (or) WHE of S. DATE OF BIRTH (month, day, and year) 1. AGE Years Months Or If LESS than I day, If LESS than I da	Village or City Legles		No. St., Wai
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced (or) WIFE of OR DIVORCED (write the word) 5. If married, widowed, or divorced (or) WIFE of OR DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day,	2. FULL NAME Ball	y Election	St., Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write t	DEDCOMM AND COMPLETE		
5. If married, widowed, or divorcad HUSSANO of Corp WIFE	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH (Dec. 16 1935)
7. AGE Years Months Oays If LESS than I day, have generally and the stated above, at	HUSBANO of		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Dete decased last worked at this occupation (month and year) (State or country) By 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? West there an aulopsy? 25. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? West there an aulopsy? 26. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? West there an aulopsy? 27. INFORMANT (Addiess) 18. BURIAL, CEEMATION, OR REMOVAL) Figure Mark Mark Data Manner of injury Nature of injury 19. UNDERTAKER (Addiess) 115. Spacify	6. DATE OF BIRTH (month, day, and year)	Dec 16, 37	last saw h aliva on, 19, 19, 19, 19, 19
Strade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Dete daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Addiess) 17. INFORMANT (Addiess) 18. BURIAK, CPENATION, OR REMOVALE (Addiess) 19. UNDERTAKER (Addiess) 19. UNDERTAKER (Addiess) 19. UNDERTAKER (Addiess) 19. UNDERTAKER (Addiess) 11. Total time (yeers) 11. Total time (yeers) 12. BIRTHPLACE (city or town) Other Cestributery Causes of importence: Other Cestributery Causes of importence: Name of oparation. Other Cestributery Causes of importence: Name of oparation. Other Cestributery Causes of importence: What test confirmed diagnosis? West there an autopsy? 23. If dasth was due to extarnal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicida? Date of injury. Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Addiess) 19. UNDERTAKER (Addiess) 19. UNDERTAKER (Addiess) 19. UNDERTAKER (Addiess) 19. UNDERTAKER (Addiess) 10. Spacify whether Injury any way related to occupation of deceased? 11. Total time (yeers) 12. BIRTHPLACE (city or town) Other Cestributery Causes of importance: 10. Other Cestributery Causes of importance: 11. Total time (yeers) Other Cestributery Causes of importance: 12. BIRTHPLACE (city or town) Other Cestributery Causes of importance: 13. Total time (yeers) Other Cestributery Causes of importance: 14. BIRTHPLACE (city or town) Other Cestributery Causes of importance: 15. MAIOEN NAME State or country What test confirmed diagnosis? West there an autopsy 26. BILE OF COUNTRY What test confirmed diagnosis? West there an autopsy West there an autopsy West there an autopsy Wh	7. AGE Years Months	l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
SAW MILL, BANK, etc. 10. Dete dacassed last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or fountry) 17. INFORMANT (Addréss) 18. BURIAL, CREMANON, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 11. Total time (yeers) spent in this occupation Other Centributory Causes of Importence: Other Centributory Causes of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Stellam Besti.
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Clear	work was dona, es SILK MILL, SAW MILL, BANK, etc	11. Total time (veers)	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or gountry) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVALE (Address) 19. UNDERTAKER (Address) 20. FILEO ACL 11. State or country 12. Was disease or injury in any way related to occupation of deceased (Signed) 18. Spacify (Signed) 19. UNDERTAKER (Signed) 10. State or country (Specify city or town, country and State) (Signed) 19. UNDERTAKER (Signed)	year) 12. BIRTHPLACE (city or town)	spent in this	Other Contributory Causes of Importence:
What test confirmed diagnosis? Westhere an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or gounty) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVALO Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEO 21. INFORMANT (Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Specify city or town, county and State) Natura of injury 24. Was disease or injury in any way related to occupation of deceased. If so, spacify (Signeti) (Signeti) (Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in inoustry and state)	13. NAME HORSE	- Cleafur	
15. MAIOEN NAME 16. BIRTHPLACE (gity or town) (State or gountry) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. BIRTHPLACE (gity or town) (Specify city or town, county and State) 19. UNDERTAKER 19. UND	14. BIRTHPLACE (city or town) V (State or country)	quea'	
Where did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Natura of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, ChEMATION, OR REMOVAL) Natura of injury 19. UNDERTAKER (Address) (Address) (Signed) (Signed) (Signed)	15. MAIOEN NAME Carles	wen, Zus	
Place MacMit Date Date 17, 1937 Natura of injury. 19. UNDERTAKER OM A MacMit M	17. INFORMANT DAY A:	ASOM DOWN	(Specify city or town, county and State)
20. FILEO DE 17, 137 Che Mirelle Wall Wall Wall (Signer) 6 200 Comments of the comment of the co	1 1 9 VIII A a MAIN () The all	Data De 17, 1937	7
20. FILEU / 1 / 19 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		A father /	
Application (Address) L. J. T. Welling and Control of the Control	20. FILEO DEC 17, 1937 (1848)	Milly and on Registrar.	(Signed) Company (Address) 2 J 24 - George S

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Example 1	14	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritohitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(30)
County Balbi	Registration Dist. No. 40
0: 10.110	Np. St Ward
Village or City / (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in entry or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME May . Chapme	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
tenale The married	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced	22. AHEREBY CERTIFY / That I ettended deceased from
(or) WIFE of Hally, Chapman	22. HEREBY CERTIFY That I ettended deceased from
S/+ 2 = 1872	I last saw h, la alive on alle 1, 1937; death is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 12,116 Qm.
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importingent
lormin.	were as follows: The dry Summous Cleurese Photo of one of
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BAHK, etc. 10. Date deceased last worked at this occupation (month end spent in this	John Amerimonia 67) nov. 21
9. Industry or business in which	miliary gulmonary Juherales Nov. 24
work was done, as SILK MILL, SAW MILL, BANK, etc	1 /937
	V
year)occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME ELL. (F. CLUARY) 14. BIRTHPLACE (city or town) July 1	
14, BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosiscills M. Shot trees where an autopsy? A a
15. MAIDEN NAME CASSAUCH Production 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Faller J. Magman)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Kingonele Mil	
18. BURIAL, CREMATION, OR REMOVAL 1	Manner of Injury
riace de la constant	Nature of Injury
19. UNDERTAKER Claum L. alle	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify and the specify and the specify and the specify and the specific and the spe
20. FILED 23.3., 19.	(Signed) (Signed) M.D.
Registrar.	(Address)

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Example	I	1	Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	E 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AN 17 19:00	July 5,1927	Peritonitis	3 days ago
BL				
Other contributory causes of imp	ortance:	,	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state JRD. Every item of infor-WRITE PLAINLY, WINE UNITALLING AGE should be stated EXACTLY. PHYSICIANS should state ation should be carefully supplied. AGE should be arronerly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may WRITE PLAINLY, WI

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTLAND	CLIVIII ICAIL OF DLAIN
1. PLACE OF DEATH	131
County Waltmore	Registration Dist. No. 43.
Village or City Onerlea	No. 3 6. Makele Cwe St., Ward death occurred in a hospital oxynatitution, give its NAME instead of street and number)
1/ /	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vermon of Clary	If U. S. Veteran, specify WAR
(a) Residence: No. 3 Co. Makell Que.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a, If married, widowed, or divorced	(Month) (Day) (Tear)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Jhat I attanded deceased from 12 19 5 7, to 12 4 19 3 7
6. DATE OF BIRTH (month, day, and year) Que 5th 1897	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at /m.
40 2 29 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	ware as Tollows: Olsebral Remartles Date of onset Alex
9. Industry or business in which	7
work was done, as SILK MILL My Coulding SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
12. BIRTHPLACE (city or town) Mings Americkin	Other Contributory Causes of importance:
(State or country)	Mighitas +
13. NAME John Clary 14. BIRTHPLACE (city or town) Johnson	Hegles Color Husy
14. BIRTHPLACE (city or town) A LAKENOUN	Name of operation Date of
(Stata or country) Sylland	What test confirmed diagnosis? Was there an autopsy? Did
15. MAIDEN NAME ame Roache	23. If death was due to external causas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Ame Roach 16. BIRTHPLACE (city or town) fatherman (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT MAS Amtohell ane Charles	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Stopshensville Ohio Date Sec. 64, 1937	Nature of Injury
19. UNDERTAKEN rederick rassafins fores	24. Was disease or Injury in any way related to occupation of deceased?
	If so, specify (Signard) & A. W. A.
20. FILED /2/5, 1937- J. a. J. Registrar.	(Signed) (A. A. C.

V. S. No. 1

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Example I		Example II	15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
			1
Other contributory causes of importance:	44.17	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 9 4	STATE OF MARYLAND	CERTIFICATE OF DEATH 12674
state UPA	1. PLACE OF DEATH	22 20 20
	County Dallimere THESIA	MD. Registration Dist. No. × 38
n of OCC	Village or CityCUDOWOOD SANATORIUM, 10435	Np. St. Ward
ite sl of	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS ent	Length of residence In city or town where deeth occurredyrs,mos.	ds. How long in U. S. If of foreign birth?yrsmos,ds.
Every SIANS ement	2. FULL NAME Cella Ellanon Cl	If U.S. Veteran specify WAR.
RD. Every YSICIANS statement	(a) Residence: No. 806 Burgundy	St., Ward. Balliner
	(Usual place) is abode)	If nonresident give city or town and State
R. CO. Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RAGE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
HA	Fewal. Whith Phane (write the ford)	December 8, 193.7 (Month) (Day) (Yeer)
ACTL assified.	5a. If married, widowed endivorced HUSBAND of	22. A INHEREBY CERTIFY, Thet I attended deceased from
MA A ass	(or) WIFE of Payment b. Clem	October 30 1937 to 1937
E X E X	6. DATE OF BIRTH (month, day, and year) June 12, 1902	I last saw h er alive on December 8 , 1937; death is sale
d d erly	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 2.40 P.m.
IS A PE stated E properly certificate	35 5mo 25 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trade profession, or perticular	1 1 1 Quegus
tof		f Ulman wherevous begges
vK—T should it may n back	9. Industry or business in which work was done, as SILK MILL,	1933
sho it n	SAW MILL, BANK, etc	
AGE THAT THAT OUS O	10. Date deceased lest worked at this occupation (month and 1937 spant in this occupation (month and 1937)	
AC the light	12. BIRTHPLACE (city or town) Boltenia	Other Contributory Causes of Importance:
d. d. so ructi	(State or country) Way Lava	
I.M. UNFADING ally supplied. AGI plain terms, so that . See instructions	13. NAME James Parker.	
upl te	H 14. BIRTHPLACE (city or town) Lungeum.	Name of operation WWW Date of
y s ain Se	(State or country)	What test confirmed diegnosis? Mes Was there an autopsy? M.D.
Y, When the carefully He in plant ortant.	15. MAIDEN NAME Olice Mopel.	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, W. be carefu EATH in important	15. MAIDEN NAME Olice Moore.	Accident, suicide, or homicide? Dete of Injury, 19
INLY, be car EATH import	∑ (State or country)	Where did injury occur?
	Personal History Hospital Record	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
Should OF D	(Address Eudowood Sanatorium, Towson, Mo	A
	18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
	Place 1/WWW. PWW Dete 1,192	Nature of Injury
-WRIT mation CAUSI TION	19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased?
B.	(Address) 12/9 Att Table White	If so, specify
	20. FILED RE (193) MX Avrill Marton	(Signed) M. W. Dudges M. E.
4	Registrar.	(Address) Towson, Mox

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 10 5 003	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
	and a management of		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1. PLACE OI		OF MARY	LAND-	CERTIFICATE OF DEATH	675
	County	Ban	Lemere		Pagishalian Diet No. 30	3
	,	0 4	4		Nont. Pleasant Swalterium St	
	Village or C	ity /levoteral	ewa	(1)	death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of resi	dence in city or town where	death occurred	yrsmos		sds.
١.	2. FULL NAI	ME Ro	njamin	Cohen		
			V ~ /		But my	
	(a) Residen	ce: No. //4:	(Usual place of		St., Ward. DelTimore, 1/d. If nonresident give city or town and	State
police	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Diate
3.	SEX	4. COLOR OR RACE	5. SINGLE, MARRI		21. DATE OF DEATH	
	M	W	OR DIVORCED	(wrige the word)	December 5	102 7
5-	If montain of the		Vin	gle	(Month) (Dey)	(Year)
Da .	. If married, widow HUSBAND of	ed, or divorced			22. HEREBY CERTIFY, That i attended	deserved from
	(or) WIFE of				11	1937
	DATE OF BIRTH	Control of the second	1888 (2)		liest saw h. 17 alive on Dea, 5 , 1937	
	AGE Year	month, day, and yeer) rs Months	Days	If LESS than	to have occurred on the date stated above, at 9:05 m.m.	; deeth is seld
	4		> 2	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance	
4		-		ormin.	were es follows:	Date of onset
Z	8. Frede, profes	ssion, or particular york done, es SPINNER, BOOKKEEPER, etc	Chicken -	10-1-		
II		BOOKKEEPER, etcbusiness In which	Orierun a	ceacer	Оментоши	
CCUPATION	work was	done, es SILK MILL, L, BANK, etc			Tulmonary dukerculoris	
220	1300.	ed last worked at pation (month and Sept.	11. Total time spent occupe	In this	Gernecolus) Mulmia	
		P	·		Other Contributory Causes of Importence:	1610
12	. BIRTHPLACE (cit (Stete or coun		sca		Unaccetion	
~		7	C 0		arterioschrous	
FATHER	13. NAME	melton !	ohen			
AT	14. BIRTHPLACE	(city or town)	usia		Neme of operation Date of	
-	(State or	country)			What test confirmed diegnosis? Wes there an e	utopsy?
ER	15. MAIDEN NA	ME Ida	Landem	an	23. if deeth wes due to externel causes (VIOLENCE) fill in also the following	
MOTHER	16 RIPTHPLACE	(city or town)	usia		Accident, suicide, or homicide? Dete of injury	
×	(State or				Where did Injury occur?	, 17
	I. Fob.				(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:)
17.	. INFORMANT (Address)				open, anome injuly occurred in INDUSTRY, in nome, or in PUBLIC PLA	IUE.
18	BURIAL, CREMAT	ION, OR REMOVAL	O Con	٠.	Menner of injury	
	Place_Ske	brew Cen	- Date door	6 1927		
		1 6.0	. //		Nature of Injury	
19	. UNDERTAKER	Jack Jus	- dye		24. Wes disease or injury in any way related to occupation of deceased?	
	(Address)	1439 C. Mal	tox 4h	7)	If so, specify	
20	FILED DEC	6,1937	Rowe !	rice	(Signed) William Referen	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Resteritains M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	-	Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis = 1029	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WXA UNFADING INTALLING Stated EXACTLY. PHYSICIANS should state ation should be carefully supplied. AGE should be stated EXACTLY. FXSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED WRITE PLAINLY, W.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 11
County Soltiman	Registration Dist. No.
Village or City /lesserstación	No. Int. Pleasant Sanatoring, Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	s. 9 ds. How long in U.S. if of foraign birth? 46 yrs. mos. ds.
2. FULL NAME Samuel Loken	
(a) Residence: No. 1725 Ruston ave.	St, Ward. Balvemare, Md.
(Usual place of abode)	St., Ward. / Allimare, / Na. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Lecenter 12, 1937 (Month) (Day), 1937
ia. If married, widowed, or divorced	(100)
HUSBAND of Rose Coken.	22. I HEREBY CERTIFY, That I ettended daceased from Messuret 4 19.37 to Descended 17.10.37
DATE OF BIRTH (month, day, and year) October 28, 1879	
5. DATE OF BIRTH (month, day, and year) Uctober 28, 18, 19, 19 2. AGE Years Months Days If LESS than	I last saw h_tmalive on
58 / 16 I day,hrs.	The PRINCIPAL CAUSE OF BEATH and related causes of importance
8 Trade profession or particular	wera as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	(1) Germanery authorism 12341
9. Industry or business in which	(a) Venter moler has
SAWYER, BOOKKEPER, etc. Saulow	
this coopparion (month one Man) Shell (111 (1112)	
year) Occupation occupation	Othar Contributory Causes of Importanca:
2. BIRTHPLACE (city or town)	Suberculous parynation
(Stata or country)	
13. NAME Whaham Johan. 14. BIRTHPLACE (city or town) Russia.	
14. BIRTHPLACE (city or town)	Name of operation, Date of
(State or country)	What test confirmed diegnosis? 4- Ray ; Sputtern Jests. Was there an autopsy?
15. MAIDEN NAME YEtter Wasserman	23. If death wes due to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Russia	Accidant, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT COP LECUTORS	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
8. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
, Isaac , Isaa	Nature of Injury
9. UNDERTAKER 2008 Capita SW	24. Was disease or Injury in eny way related to occupation of dages sed?
(Addrass)	If so, spacify 101 miles 11 throw
0, FILED	(Signed) Spullara My Co. M. D.
Registrar.	2411 N. Charles Street, Balismore, Requesting U. S. No. Reletershown MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

JRD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT R MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY, W

1. PLACE OF DEATH County Baltimore	Degistration Diet No. 14
0 - 10 0 -	Registration Dist. No. 30
Village or City Catonwille, Janny C	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME John Connolly	If U. S. Veteran, specify WAR
(a) Residence: No. 1730 N. Caroline Sis	t a Baltweed Md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) Single	21. DATE OF DEATH Recember 24, 193.7 (Month) (Dey) (Year)
If married, widowed, or divorced HUSBAND of	
(or) WIFE of Single	HEREBY CERTIFY. Theil ettended deceased fro
0 1 1 200	Dept. 24 ,1925 to Wee 24 ,1927
DATE OF BIRTH (month, day, end year) Security 4 1876 AGE Years Months Days if LESS than	I last saw h. sa. alive on December 23., 1927.; death is sa to have occurred on the dete steted above, et 1191 P.m.
1 day bee	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Stone worken	91 0 1 1 t - 6 - 01 -
9. Industry or business in which	Generalized Tyluna Persone Robins 19
work wes done, es SILK MILL, Quary	Haserion verous freeze parant parant parant
1D. Date deceased last worked at this occupetion (month and this occupetion	(Coronary William)
year) occupetion	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Maryland	
(State or country) (Baltimare)	
13. NAME Daniel Connolly 14. BIRTHPLACE (city or town) Iseland	
14. BIRTHPLACE (city or town) Iseland	Neme of operation
(State or country)	Whet test confirmed diagnosis Clinical Wes there en autopsy? No
15. MAIDEN NAME Catherine Redding	23. If deeth was due to externel causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) - Island	Accident, suicide, or homicide?A_a Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Hoffel Record, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Piece St. Cetter Dete Doc 28 1837	Manner of injury
9. UNDERTAKER William Gook (Address) 1217 St Foul St.	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED Des 25, 1937 Marshall 13 West Registrar.	(Signed) The fruit M. (Address) Calificatello well

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		18.	1
		The state of the s	-
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis Gastroenteritis	1 year
		All	
		Olar I	

STATE OF MARYLAND-CERTIFICATE OF DEATH

12678

1. PLACE OF DEATH			(95.2)
/ County Baltimore			Registration Dist. No. 30
Village or City <u>Catonsv</u> Length of residence in city or town where			No. Charing Cross _st, _ Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?rrsds.
2. FULL NAME Josep	h Edward	Cook	If U. S. Veteran, specify WAR
(a) Residence: No. Charing C		onsville	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White	5. SINGLE, MAR OR DIVORCE Mari	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 17 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Co	ok		22. I HEREBY CERTIFY. That i attanded deceased from 1936, to 1931
6. DATE OF BIRTH (month, day, and year) 7. AGE Years 1 Months 4	ugust 31, Days 18	1874 If LESS than 1 dey,hrs. ormin.	i last saw him alive on death is said to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
	11.Total 937 sp: oc: more ryland	irector ima (years) int in this upation _48_yrs	Differ Contributary Causes of importanca: Ventricular function of the contributary Causes of importanca: Ventricular function of the contributary causes of importanca:
13. NAME Joseph B 14. BIRTHPLACE (city or town) Bal (Stata or country) M		/	Name of operation Dete of What test confirmed diagnosis? Was there an europsy?
	S. Roell rederick Marylan Lamoreau		23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OF REMOVAL	Date Dec.		Mannar of injury
20. FILED 1 1 20 . 19	blanks are needed.	Registrar.	(Signed)

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Example I Example II The principal cause of death and related causes of importance were as follows: The principal cause of death and related causes Date of onset of importance were as follows: Arteriosclerosis 1915 Attack of enitepsy 1 week ago Run over by street cay Chronic interstitial nephritis 1921 1 week ago Peritor lis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPA	CE FOR FUR	RTHER STATEMEN	TS BY	PHYSICIAN
----------------	------------	----------------	-------	-----------

PHYSICIANS should state RD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should searched. Exact-statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RI CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. tion should be carefully supplied. (RITE PLAINLY, WI V. S. No. 1

STATE OF MARYLAI	ND-C	CERTIFICATE OF DEATH	2679
1. PLACE OF DEATH		820	4013
County Dalleugt		Registration Dist. No. 30	
Village or City Della	06.4	No. St., eath occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where deeth occurredyrs		ds. How long in U. S. if of foreign birth?yrsmo:	
2. FULL NAME Janes albert De	fle	LEGELAS U. S. Veteran, specify WAR	
(a) Residence: No. Olla ale		St., Ward.	
(Usual place of abode)		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULAR		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE; MARRIED, WID ON DIVORCED (white the		21. DATE OF DEATH (Month) (Day)	193
50. If married, widowed, or divorced HUSBAND of Cora a, Derling e	i i	22 I HEREBY CERTIFY, That I attended of	lecaased from
Jakia Villia		l lest saw h alive on 2 9 1997	; death is said
	ESS than	to have occurred on the date stetad above, at 6 40Am.	, qualii is said
	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER Labour	-	Henri Lean XIVI.	3 00%
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and 3 spent in this occupation)			
12. BIRTHPLACE (city or town)	. /	Other Contributory Causes of importance:	
(State or couptry)		(cretise Hennitoge	Myon
13. NAME Tacks Dely leeg	w		
13. NAME Mailes Dely lines 14. BIRTHPLACE (city or town) Medicines	20	Nama of operation	
(State of country)	-	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME LULL CLOCK 16. BIRTHPLACE (city or town) Lecker (State or country)		23. If death was dua to axternal causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	our	Accident, suicide, or homicida? Deta of injury	, 19
(State or country)	-	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT / MIS. See W. Suche (Address) / Gilla Mis,		Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION OR BEMOVAL		Manner of injury	
Pleca Date Date 12	2.,1937	Nature of injury	
19. UNDERTAKER Caston Sous		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 12/11/37, 19	Registrar.	(Signed) — O Mullo (Address) — Eller of Cl	M. D
	_	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage,	July 5,1927	Peritonitis	3 days ago
JAN 4 195			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		(131)	
County Bally.		Registration Dist. No. 33	
Village or City Syndon Length of residence in city or town where death occurred		NoSt.,s NoSt.,s NoSt.,s Nos No.	
2. FULL NAME Robert 74. De		If U. S. Veteran, specify WARSt. Ward.	
(a) Residence: No. Myndow Me	ce of abode)	If nonresident give city or town and Sta	te
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	1
Male Ithite Mars	CED.(wyke the word)	21. DATE OF DEATH (Month) (Oay)	93. 7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Jessee Duvall	Dew !	THEREBY CERT FY, That I attended dace	eased from
6. DATE OF BIRTH (month, day, and year) Supply 3. 7. AGE Years Months Days	o 1845 If LESS than 1 day,hrs.	to have occurred on the data stated above, at	eath is said
92 2 3 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate of onset
9. Industry or business in which work was dona, es SILK MILL, Retried Co. SAW MILL, BANK, etc	ntractor		
	I tima (yaars) pent in this ccupation	Other Contributory Causes Orimportapes:	
12. BIRTHPLACE (city or town) lugland (State or country)	3.6	hypertension 1	,
13. NAME II Deco		my chargilia (Smome)	
14. BIRTHPLACE (city or town) Lingtanus (State or country)		What test confirmed diagnosis Was there an eulo	psy?
15. MAIDEN NAME Muhanoum 16. BIRTHPLACE (city or town) functions (State or country) functions	P	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?Date of injury	., 19
17. INFORMANT Jessei Durall De (Addrass) Milmon Mid	eur.	Whare did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	} *
18. BURIAL, CREMATION, OF BEMOVAL Place. Druid Ridge Oate De	ec. 6,137	Mannar of Injury	
19. UNDERTAKER J. Filine & Son (Address) Dustinstown Mic	d.	24. Was disease or injury in any way releted to occupation of deceased?	M
20. FILEO ADRA 5 , 1937		(Signed) Many	

STATE OF MARYLAND-CERTIFICATE

OF DEATH 12680	
Registration Dist. No. 33	
tution, give its NAME instead of street and number)	
of foraign birth?ds. n, specify WAR	
If nonresident give city or town and State	
CERTIFICATE OF DEATH	
Month) (Oay) (Year)	
Y CERT (FY), That I attended daceased from 1937; death is said at above, at 45 m.	
ATH and related causes of Importance Date of onset	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	/

PHYSICIANS should state JRD. Every item of inforproperly classified. Exact statement of OCCUPA-LUNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY, WI

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12681
1. PLACE OF DEATH	9320
County Baltimore	Registration Dist. No. 44
Village or Cit Soce (1	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town whera death occurredyrsmos	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME 7. 6. pleetrick	
(a) Residence: No. Mossey (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manues	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced. HUSBAND of Gredricka Theintypeter	22. IHEREBY CERTIFY That I attended deceased from 1937 to Rec. 8 1932
6. DATE OF BIRTH (month, day, and year) Mar. 49-1860	I last saw huge aliva on LC 18, 1 30 Am 1932; death is sain
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	- Were as rollows: Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decassad last worked at his occuration (month and	
10. Date decaasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country) Lermanu	Dther Contributory Causes of importance:
13. NAME Unknowy	
14. BIRTHPLACE (city or town) (State or country) Jermany	Name of operation Political Political What test confirmed diagnosis? Clause Guilling Was there an autopsytto.
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Frank L. Whietrick (Address) Worsey Ore	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mariana Music. PRoate 12/20, 1937	Manner of injury
19. UNDERTAKER John S. Gomelly (Address) Joseph Magh.	24. Was disease or injury in any way related to occupation of decaesed?
20. FILED 1. 2/20 , 19.37 John S. Connelly Register.	(Signad) Address) Sary, Mid
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA A Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ____ds. How long in U. S. if of foreign birth? _____ yrs. ____ mos. ____ ds. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) irelowed (Month) (Day) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, RESERVED SAWYER, BDDKKEEPER, etc..... may back 9. Industry or business in which hould work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation. 12. BIRTHPLACE (city or town ARGIN (State or country) HER FAT See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) efully What test confirmed diagnosis?_ Was there an au'opsy?__ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: ii an Accident, suicide, or homicide? Date of Injury _____ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury eccurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury SE Neture of injury NOL 24. Was disease or injury in any wey releted to occupation of deceased? 19. UNDERTAKER If so, specify 20. FILED Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
50° c				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	® 1/./
County Balls	Registration Dist. No.
Village or City Alemanes Kun	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby Die Edwar	do If U.S. Veteran specify WAR
(a) Residence: No. Sack Rive Vell Rd Sterner (Usual place of abode)	ers Jun, Morard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Sprice the word)	21. DATE OF DEATH ARC. 23 ,193 7 (Month) (Day) (Year)
59. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) LOC 25, 1931	i last saw her the thory loc. 23 , 1927; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date steted above, atm.
2 Fellipon ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	12000
SAWYER, BOOKKEEPER, etc.	Cues or organic
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation occupation la Balta Coo.	Other Contributory Causes of importance:
(State or country)	
13. NAME Caston Campals	
14. BIRTHPLACE (city or town) Balto Compl	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy? To,
15. MAIDEN NAME Honeines Sordan	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Horning fordant 16. BIRTHPLACE (city or town). Salto Co 74.	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mr. Celifton Edwards (Address) Back River Mr. Rd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Lepter Elm , House 12/23, 193/	Nature of injury
19. UNDERTAKER The S. Conneffs	24. Was disease or injury in any way related to occupation of deceased?
(Address) tessen had	if so, specify
20. FILED 13/33, 1937 7 11 2 Commelly	(Signed) Joseph & Domeru yor M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Reciponitis	3 days ago
	156	6 1938	
Other contributory causes of importance:	JAN	Other contributory causes of importance:	
Gallstones	May 1, 1985	Gastroenterities	1 year
	1		

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

12684

1. PLACE OF DEATH			95:8)	1/1	1000			
	Count	y Balt	imore				Registration Dist. No.	30
	Village	e or CityS	Spring Grov	e State	Hospital	No. Catonsville,	Maryland Sive its NAME instead of street	St., Ward
						12_ds. How long In U.S. If of fore		mosds.
2	. FULL	. NAME	Moses Fair	glos		If U. S. Veteran, spec	cify WAR	
	(a) R	esidence: No.	2207 W. N	Orth Av (Usual place	enue of abode)	St.,Ward.	If nonresident give city or to	wn and State
-			ND STATISTIC			MEDICAL CER	TIFICATE OF DEA	тн
3.	male		or or race s		RIED, WIDOWED, D (write the word) i od	21. DATE OF DEATH December	17 lonth) (Day)	, 193_7 (Year)
5a.	If married, HUSBAN (or) WIF	, widowad, or div D of E of Mrs	orcad . Clara Be	njamin	Fainglos		ERTIFY, That I at	
	DATE OF E	BIRTH (month, da		63		l last saw h. im alive on Dec		
-	AGE	Yaars	Months	Days	II LESS than	to have occurred on the data stated abo	ove, at 10:20 g.m.	
	O Trada	74	?	?	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH an were as follows:		Date of onset
CCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Business man 9. Industry or business in which work was done, as SILK MILL, Clothing store SAW MILL, BANK, etc.			Senility Generalized arter Arteriosclerotic		tt It		
000	1D. Date	decaased last wo als occupation (me	orked at	ena	ime (years) nt in this upation 50 yrs	with hyperter	asion b	
f2.	BIRTHPL) Russia			Other Contributory Causes of important	ca:	
ER	13. NAME	Louis	Fainglos					
FATHER	f4, BIRTI	HPLACE (city or t	Russia			Name of operation	Da	
ER	f5. MAID	EN NAME	Unknown			23, If death was due to external causes		
MOTH		HPLACE (city or t State or country)		8		Accident, suicida, or homicida?	Date of injury.	, 19
17.	INFDRMAI		tal record	s		Specify whether injury occurred in INI	Specify city or town, county of DUSTRY, in HOME, or In PUB	and State)
f8.	BURIAL, C	CREMATION, DR	REMOVAL	/2-	19-37	Manner of injury		
	UNDERTA (Add)	1000	19. Sen	io or	Lua	24. Was diseasa or injury in any way re If so, specify (Signed)	elated to occupation of decease	ukel M.D.
		116	If more bl	anks are notices,	Registrar. address Sate Registrar,	(Address) - A 2411 N. Charles Street, Balsimore, Request	ting U. S. No. 1.	- war

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAM A 1938	July 5,1927	Peritonitis	3 days ago	
WIREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

1. PLACE OF			(R2-72)	7-
County	Talluno			22
Village or Ci	ty Pellerale		No	St,Ward
Length of resid	lence In city or town where		If death occurred in a hospital or institution, give its NAME instead of a sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAM	ME /Ville	am tiske	1 U. S. Veteran, specify WAR 100	
(a) Residence	e: No. 3 Juel	(Usudi place of abode)	St., Ward. If nonresident give city or	town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
half	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH See 9 - (Month) (Day)	, 193 3 7
5a. If married, widowe HUSBAND of (or) WIFE of	lary Lou	in Fuler	1 HEREBY CERTIFY, Thet I	attended deceased from
5. DATE OF BIRTH (month day and year)	ne 30 1867	I last saw hales allve on A.S. C.	. 19.7 death is said
7. AGE Year	- 0	Days If LESS than	to have occurred on the date stated above, at 10:JOAm.	
7	0 5	9 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importa	Date of onset
8. Trade, profess	sion, or particular ork done, es SPINNER.	when the X		Date of onset
SAWYER,	BODKKEEPER, etc.	- rocciocación	alloral purishery	- 4 lleg
work was SAW MILI	done, as SILK MILL SL L, BANK, etc.	buhan Club		·····/
) IO. Date decease	etion (month and / 4 3	11. Total time (years) 307	20	
			Other Contributory Causes of Importance:	
2. BIRTHPLACE (city (State or coun		4 end	Artino Schuse	
13. NAME //	illians	Freher	122	1935
14. BIRTHPLACE	(city or town) 2		Name of operation	Dete of
(31818.01.1		yeurs	What test confirmed diagnosis? Curlul. Was	there an autopsy? Zu
15. MAIDEN NAM	ME The	Comme	23. If death was due to external causes (VIOLENCE) fill in elso the	following:
			Accident, suicide, or homicide? Date of Injur	ry, 19
E (State or	country)	7 1	Where did injury occur?(Specify city or town, count	v and State)
(Address)	Peterre	ines	Specify whether Injury occurred in INDÚSTRY, in HOME, or in P	UBLIC PLACE.
18. BURIAL, CRAMATI	DN, DR REMOVAL	Date Dee 11 , 195	Menner of injury	
19. UNDERTAKER(Address)	William	Coll	24. Wes disease or injury in any wey related to occupation of deci	eased? NO
20. FILED Dec	9 137 78	7	(Signed) 6 6 Mekalo	M. D

12685

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	11	Example II		
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	WECE VED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	3 N & 1038	July 5,1927	Peritonitis	3 days ago	
	willedikt v. B	ş			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

A de la constant de

STATE OF MARYLAND-CERTIFICATE OF DEATH

12686

1. PLACE OF DEATH	W-@
County Baffanore	Registration Dist. No. 34
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U. S. If of foreign birth? yrs. mos. ds
2. FULL NAME Pobst / Durlingly	w trolifar
(a) Residence: No. (State Space of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Wile S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("grite the word)	21. DATE OF DEATH 12 7, 193 37
HUSBAND of Corry WIFE Of Change Freshard	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, end feature 2 / 1860	I lest equal Lection Called 19 ; deeth is sai
AGE Years Months Days If LESS than	to have occurred on the dete steted ebove, at 14 V. of.
72 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trade, profession, or perticular kind of work done as SPINNER	1 /1- /1-
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Tarcenoma of X Jomoele Inha
9. Industry or business in which work was done, es SILK MILL.	
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et this occupation (month end 2 4 4 4 5 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	Dr. Foroble segular Alynnar
12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of Importance:
13. NAME Cobuse & Alle And 14. BIRTHPLACE (city or from Market State Sta	
(State or country)	Name of operation Date of
- Line and	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Jackell Jeutler	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Randell Rutter 16. BIRTHPLACE (city or town) 11. (State or country) 11. (State or country)	Accident, suicide, or homicide?
7. INFORMATION OLIVEN OBJECT	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (Address) Mid., 8. BURIAL, CREMATION, OR REMOVAL	
Plece Lutteren - Lienten Date Dec 10, 1937	Manner of injury
9. UNDERTAKER Was S. Bysolis & San. (Address) Sparks and	24. Was disease or injury In eny way releted to occupation of deceesed?
20. FILED Dec 9, 1937 Eugene Fallan	(Signed) Edgaf M. Opeste M. (Address) A Humbertead Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3/10/3	À		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTIE	CATE	OF	DEATH
SIAIL	OI	MUVIVIE	עוות.	CLIVIII	ICAIL	OI	DEVIL

12687

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Balleman	Registration Dist. No.
Village or City Loch Coan Rd. 14 mi. not	h not 1 Bridge St. Ward
(If Length of rasidance in city or town where death occurred vrs nos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Paul 2h Fohn	
(a) Residence: No. 532 arlington are	- St. Ward Labarre
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wite tha word)	21. DATE OF DEATH
5a. If married, widowad, or divorced	(Month) (Day) (Wear)
(or) WIFE of Marfaut Pussell Johner	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 13, 190/	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
36 2 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Succession by shroten Date of one of
SAWYER, BOOKKEEPER, etc	p
work was done, as SILK MILL, SAW MILL, BANK, atc.	he sef
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10: Date decaased last worked at this occupation (month and spent in this	
yaar) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Baltimai City	Other Contributory Causes of importance:
(State or country)	
13. NAME goseph P. Fahner	
13. NAME Goseph P. Fohner 14. BIRTHPRACE (city or town) Baltimai City.	Name of operation Date of
(State of conners)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Show C. Jhun	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Baltimari City.	Accident, suicide, or homicide? Accident Date of Injury 19 ca. 2, 19 3.)
≥ (State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary M. Walyl	Specify whether injury occurred in INQUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 40.19 Wilself am 18. BURIAL, CREMATION, OR REMOVAL	Muflai Mylwry
Placetto Redelma Date 12/10/193	Mannar of injury
	Nature of injury
19. UNDERTAKER GAMMA A: White Market (Addrass) 3 000 LA Palto Market (Addrass)	24. Was disaase of injury in any way related to occupation of daceased?
20. FILED 17 9 , 13 The Alexand Con Registrar.	(Signed) To Hally alle Common
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes s follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	4.8	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	RECEIVED	-
			DEC 27 1937	
Other contributory causes of importance:		Other contributory ca		
Gallstones	May 1,1923	Gastrocnteritis	BURBAU V. 8	l year
			west of the same	

STATE OF MARYLAND—CERTIFICATE OF DEATH

County Village or City South Service Seath occurred A yrs (If death occurred in a hospital or intilitation, give in NAME intend of street and number) (If death occurred in a hospital or intilitation, give in NAME intended of street and number) (If U. S. Veleran, specify WAR (Assidence No. 10)	1. PLACE OF DEATH	
Village or City Length of residence in city or town where death occurred yrs,	County Woodlawn Bacto 1	Registration Dist. No. 30
Length of residence in city or town where death occurred 1. yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. 18 U.S. Veteran, specify WAR ward. If u.S. Veteran, specify WAR ward	Village or City Woodlean	ND. St Ward
2. FULL NAME (a) Residence: No. 10 (b) Residence: No. 10 (c) Residence: No. 10 (d) Residence: No. 10 (e) Residence: No. 10 (f) Resi	* *	If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (white the dead) 5. If married, widowed, or divorced 5. If married, widowed, or divorced 6. DATE OF BIRTH (month, day, and year) 7. AGE Vears Months Days 11 LESS than 1 day	^	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the group) 5. It married, widowed, or divorced HUSBAND of Group of HUSBAND of Group of HUSBAND o	(a) Residence: No. 10 sual place of abode)	
Sa. If married, widowed, or divorced (AD HEFFY) Sa. If married, widowed, or divorced (AD HEFF		MEDICAL CERTIFICATE OF DEATH
55. If married, widowed, or divorced HUSSAND of Capability	The state of the s	21. DATE OF DEATH
HUSSAND of (ACT HITT) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IFLESS than 1 dayhrs. ormin. 7. AGE Plession, or particular The PRINCIPAL CAUSE OF DEATH and related causes of importance wars a relative or town war on a stilk MILL SAWIRL, BROUKKEEPER, etc. SAWIRL, BROKKEEPER, etc. SI-Industry or business in which work was done, as SILK MILL SAWIRL, BROKKEEPER, etc. SI-Industry or business in which work was done, as SILK MILL SAWIRL, BROKKEEPER, etc. SI-Industry or business in which work was done, as SILK MILL SAWIRL, BROKKEEPER, etc. SI-Industry or business in which work was done, as SILK MILL SAWIRL, BROKKEEPER, etc. 11. Total tims (years) Other Cestribatery Causes of Importances: Other Ces	Male Who Married	(Month) (Day) (Year)
19.27, to 12.2, 19.37 T. AGE Years Months Days II LESS than 1 day,	HUSBAND of	22. A I HEREBY CERTIFY That I attended deceased from
T. AGE Years Months Days If LESS than 1 day,hrs. orhrs. or	Althegal Forter	27 / 20
The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware persollows: The PRINCIPAL CAUSE OF DEATH AND RELATED AND A	6. DATE OF BIRTH (month, day, and year)	I last saw h Malive on Ser 22, 1937; daath is said
Date of enset Note of the procession, or particular ware profiles and the procession of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Productive of work done, as SPINNER, SAWYER, etc. Produc	The state of the s	
Second Participation Par	6 ormin.	was a safellows.
B-industry or business in which work was done as SILK MILL, SAW MILL, BARK, etc. 10. Dato deceased last worked at this occupation month and yaar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of	Right of Work done, as SPINNER,	artino-oclerono 1927
Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Slate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date Date	SAWYER, BOOKKEEPER, etc.	Cfor Int nephrotis 1932
Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (tity or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Other Coatributory Causes of Importance:	work was dona, as SILK MILL, SAW MILL, BANK, etc.	Cheloral-Ulmonhage 13/12/2
Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Specify city or town, country and State) 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicide? Other Coatributory Causes of Importance: Was there an autopsy? Whete did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury	10. Dato deceased last worked at this occupation (month and spent in this spent in the spent in this	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Place Date Date Date Date 19. UNDERTAKER (Address) 19. UNDERTAKER (State or country) 19. UNDERTAKER (Address) 19. UNDERTAKER (State or country) 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (State or country) 19. UNDERTAKER (Stat		Other Contributory Causes of Importance
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Name of operation What test confirmed diagnosis? Was thare an autopsy? Was thare an autopsy? What test confirmed diagnosis? Was thare an autopsy? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury Natura of injury If so, specify What test confirmed diagnosis? Was thare an autopsy? Accident, suicida, or homicide? Specify whether injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury Natura of injury 19. UNDERTAKER (Address))
What test confirmed diagnosis? Was there an autopsy? Lo 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVA Place Date Date Date Date Date Date Date CSpecify whether injury occurred in injury Natura of injury Natura of injury 19. UNDERTAKER (Address) 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Natura of injury 19. UNDERTAKER (Address) 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in injury Natura of injury Natura of injury (Signed) (Signed)		
What test confirmed diagnosis? Was thare an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date Da	I 13. NAME toster	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date	4. BIRTHPLACE (hity or town)	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Place Date Date 24. Was disease or Injury in any way related to occupation of deceased? (Signed) (Signed)		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Place Date Date 24. Was disease or Injury in any way related to occupation of deceased? (Signed) (Signed)	AV. MICIDER HAME	
17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date 19. UNDERTAKER (Address)	S (Stata or country)	
(Address) 18. BURIAL, CREMATION OR REMOVAL Place Date Date 24. Was disease or Injury in any way related to occupation of deceased? (Address) (Signed) (Signed)	Dela is & i	(Specify city or town, county and State)
Place Date Date 24., 1937 Natura of injury. 19. UNDERTAKER 24. Was disease or Injury in any way related to occupation of deceased? 16 (Address) (Signed) A MACC 1	التنظيفينية مرتحان المراجعة الفرديها بينها الأشارة والمالية	
19. UNDERTAKER (Address) 24. Was disease or Injury/in any way related to occupation of deceased? (Signed) (Signed)		Manner of injury
(Address) If so, specify (Signed) A Muss (1)	Place houdon teste Date Dec 24., 1937	Natura of injury
121 All (Signed) NMyr (Moreld)	19. UNDERTAKER. Line land	24. Was disease or Injury/in any way related to occupation of deceased?
M Signad VIII War 1 1 1 1 270 N	(Address) (20)	If so, specify D
20. FILED		(Signed) M.D.
If more Nachar Arguery State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 4 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	93-0	
County Gallo Co.	Registration Dist. No.	37
Village or City Cockeyswell	and the second s	t.,Ward
	ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Mary Bland, Fowl	If U. S. Veteran, specify WAR	
(a) Residence: No. Chekeysulle (Basal place of abode)	St., Ward. If nonresident give city or tow	n and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	тн
3. 5EX 4. COLOR OR RACE OR DIVORCED (Write tha word) Walker	21. DATE OF DEATH (Month) (Day)	, f93.7 (Year)
5a. If marriad, widowad or divorced HUSBAND of (or) WIFE of Welleam Fowler 6. DATE OF BIRTH (month, day, and year) July 15 lie 1841 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY. That I att September, 1937, to December 1937, to December 1937, to December 1937, to have occurred on the date stated above, at	endad dacaasad from
96 4 26 orhrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER,	Resterio Scheroin	3
SAWYER, BOOKKEEPER, etc.	Chamic hypearditis	7
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decasaed last worked at this occupation (month and	Broncho predicie	Dec. 1
10. Date dacasad last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Washington D.C. (State or country)	Other Contributory Causes of Importance:	
13. NAME Welliam Halwood Bland 14. BIRTHPLACE (city or town) May land		
14. BIRTHPLACE (city or town). May land	Name of operation	te of
(State or country)	What test confirmed diagnosis? Was the	re an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANY (Address) (Address)	23. If death was due to external causes (VIOL ENCE) fill In also the fo Accident, suicide, or homicide?	, 19 nd State)
18. BURIAL, CREMATION, OR REMOVAL Fund. Dec 7, 137	Manner of Injury	
19. UNDERTAKER All My Jaylor (Addrass) Sunapolis md. 20. FILED Le. 6 T., 19 3 70 Villiam Chilosopher. Registrar.	24. Was diseese or injury In any way related to occupation of dacaas: If so, specify (Signad)	ed? M. C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
County.	(49-21)
	Registration Dist. No.
Village or City 10000 (No. 506 & 2 2 FULL NAME Matthe	q 7-0x Ward) (If death occurred In a hospital or Institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	Mo War Detroit MEDICAL CERTIFICATE OF DEATH
Female White Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH December 22, 1927 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
April 20 1875	DC dee 7 1937. to December 22, 1927.
(Month) (Day) (Yesr)	that I last saw her alive on Derante 21, 1927.
7 AGE	
62 yrs. 9 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Ovarian CysT.
(a) Trnde, profession or Housewife	7
(b) General nature of industry business, or establishment in	(Durstion) yrs. 6 mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF Peter Mc Cullough	(Signed) (Duration) yes mos ds. (Signed) (Signed) M. D. Dec 22 1927 (Address) The form of American
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ellen M Swygen	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Oreland	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Enoch J. Fox	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Towarn Mg	Mount 6 10 24, 193
File See 23-1967 (Mulla Registra)	John Burno Sons Towon ud
If more banks are needed, address tate hegistra	, 13 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise speciments laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Collon mill; (a) Sulesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to e.ch and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The materia.

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Syphoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "E.haustion," "Heart tanure," "Shock," "Shock," "Shock," "hon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT R

AGE should be

MARGIN RESERVED FOR BINDING

V. S. No. 1

Exact statement of OCCUPA-

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

JRD. Every item of infor-

1. PLACE OF DEATH	71110 01	82·D	O. DEN	1/4	
County Wallismore			Registration D	ist. No	
Village or City Kullerton		No. Cowenton	ave 4	poppar 12	serdiar
Length of residence in city or town where death occurred the eye	our hos.	occurred in a hospital or instit	of foraign birth?	in team of street and n	
2. FULL NAME Denton dee	Sarch	of U.S. Veteran	specify WAR		
(a) Residence: No Cowenton ave. x	Johka G	Ward.			
(Usual place of a)			If nonresident g	ive city or town and	State
PERSONAL AND STATISTICAL PARTICUL			ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (with		DATE OF DEATH	Sec.	257£	, 193
5a. If married, widowed, or divorced	_		(month)	(Day)	(Teal)
(or) WIFE of Catherine Gard	ner 22.	HEREB	Y CERTIFY	That I attended	decaased fro
6. DATE OF BIRTH (month, day, and year) free 8th	- 11	st saw h.	Dec 24		; death is sa
	f LESS than to	have occurred on the data stat	ed above, at	a.m.	
67 0 /7 or-	ey,hrs. Th	e PRINCIPAL CAUSE OF DEA	TH and related cause	s of Importance	Date of ons
8. Trade, profassion, or particular kind of work dona, as SPINNER SAWYER, BODKKEEPER, etc			0		
9. Industry or business in which work was dona, as SILK MILL,		Upopel	Coly		6da
SAW MILL, BANK, etc			/./		
10. Date deceased lest worked et this occupation (month and 933 spart in the spart	his last				
12. BIRTHPLACE (city or town) Rallinose		her Contributory Causes of imp	oortence:		
(State or country) Mary land		D.L			
13. NAME LESSE Sigridner	^	Willen	1 Sula	342	yv.
13. NAME LEASE SIGNATURE 14. BIRPHPLACE (city or town) & Whomosyn (State or country)	Na Na	me of operation		Date of	9
(Stata of country)	na W	nat tast confirmed diagnosis?		Was there an a	utopsy?
15. MAIDEN NAME MANY WEIGHT	23.	If death was due to external ca	uses (VIOL ENCE) fill	In also the following	:
16. BIRTHPLACE (city or town)	Ac	cidant, suicida, or homlelde?	D	ate of Injury	, 19
(Stata or country) Cermallianio	WI	nere did injury occur?	10 1		
17. INFORMANT Mrs Cathering Star	dner	ecify whether injury occurred	in INDUSTRY, in HO!	own, county and Stat ME, or In PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL		enner of Injury	***************		
Place or don Varia Date Date	-1,190 Na	tura of Injury			
19. UNDERTAKED RECEIVED CARREST THE CARRES		Was diseese or injury in any	way related to occupa	tion of deceased?	740
(Nucleas) fath / Decider (Kotte	2 "	so, specify	Tentas	Part	
20. FILED Duc25, 19.37 OU Jul	3	(Signed)	1 R	h	M.
	Registrar.	(Address) 6 d L	-1	4	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car -	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		200	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritie	1 year
		Atw.	
		The Alexander	

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	2693
1. PLACE OF DEATH		907	7
County Calto a	ma.	Registration Dist. No.	/
Village or City 6 owen	ten p	NoSt.,	Ward
Length of rasidence In city or town where do		death occurred in a horpital or institution, give its NAME instead of street and r	
2. FULL NAME Will	in It Had	If U. S. Veteran, specify WAR	
(a) Residence: No. Paile	and Rue 60W	Evstern Ward.	
(a) Residence. No. 12-1-02-22-22-	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Model 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 24 (Month) (Day)	, 193. 7 (Year)
HUSBAND of Elizaber	ch Sotchell.	22. HEREBY CERTIFY, That attended 12-18	deceased from
6. DATE OF BIRTH (month, day, and year)	N. 4th 1875	1 last saw h alive on 12-24	; death is sald
7. AGE Years Months	Days If LESS than 1 day,hrs.	to heve occurred on the data stated abova, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importenca were es follows:	
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	Elegraph Open	Coronary Occlusion	Date of onset
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	B.		
10. Data deceased lest worked at this occupation (month and year)	11. Total tima (yeers) spent in this occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	delphia	College Controller, Controller	
13. NAME/ athaniels	Statchell,		
14. BIRTHPLACE (city or town) Viske (State or country) Mary	gown	Name of oparetion Date of What test confirmed diagnosis? Was there an e	eutonsy? 214
15. MAIOEN NAME ON THE TENTE OF	n. Fulton	23. If death was due to extarnal causes (VIOL ENCE) fill in elso tha following Accident, suicide, or homicide?	:
Stata or country)	ylvania	Whara did injury occur?	
17. INFORMANT Mrs Elizabeth	to Satchell	(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Pate Dec . 27, 1937	Manner of injury	
19. UNDERTAKER TREBERIOR	assalmt Jon	34. Was disease or injury in eny way related to occupation of deceased?	10
20. FILED 7/24B), 19/1/M/	Nonviell Registrar.	(Signed) Ted OHodows (Address) Edulwood md	M. D
If more l		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Other contributory causes of importance		Other centributory causes of importance:	
Gallstones	May 1,1923		1 year
800			

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Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

properly classifled. Village or Cit **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 3 SEX 4 COLOR OR RACE ms so that it may be nstructions on back 6 DATE OF BIRTH (Month) (Day) 7 AGE eel 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in importa which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME Q FATHER 0) PARENTS FATHER CAUSE (State or country) 12 MAIDEN NAME OF MOTHER statement of OCCUP, 13 BIRTHPLACE OF MOTHER (State or Country) THE BEST OF MY KNOWLEDGE (Informant) (Address

PLACE OF DEATH

County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.)

MEDICAL CERTIFICATE OF DEATH

COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH \$20 , 1987
(Write the word)	(Month)(Day)(Year)
(Month) (Day), 1886	17 1 HEREBY CERTIFY, That Lettended the deceased from 1987. to 22 2 0 , 1987. that I last saw h Malive on Del 20 , 1837.
If LESS than	and that death occurred on the date stated above, atm,
3 yrs. 0 mos. 13 ds. or min.?	The CAUSE OF DEATH * was as follows
ssion or Water Dept	Feellapele
re of industry blishment in or (employer) Ballo lo.	(Duration) yes mos de.
Micholas Gessner	Contributory Secondary (Duration) (Signed) M. D. M. D.
euntry) Germany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Ame Annie Acchele	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
ce Quntry)	At place In the of death yrs and s. State yrs
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Minnie Lessner	Former or usual residence
) 117 Williams An	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1937
23/372 Amlearment Registrar	Chillo Herry Sons Collans At
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Foremon, For many occupations a single word or term on yrs). Form laborer, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile foctory. and children, Loborer-Cool minc, etc. Wom-Architect, Salesman. (b) Locomotive engineer, not gainfully em-The material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

angualifies is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure,
"Old Age," "Shock,"
"Thanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping peritonacum, Tumbr for malignant neoplasms); Measles; ing cough, Chronic valvular heart disease; interstitial nephritis, (name or intercurrent) affection need not be origin; "Cancer" is less definite; avoid The nature of the injury, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

HEALTH DEPART	TMENT-CITY	OF BALTIMOR	₹E
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12696

	CERTIFICAT	TE OF DEATH (95%)
	1. PLACE OF DEATH OF BALTIMORE: CHO Jack Height a	Registered No
1	Length of residence in city or town where death occurred	.mosds. How long In U. S. If of foreign birth?yrsmosds.
	2. FULL NAME Climic Jola H. Ye	If U. S. Veteran specify WAR
	(a) Residence: No. Task Hight av	St., Ward. (If non-resident give city or town and State)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word) Tenal Ten	21. DATE OF DEATH (month, day, year) Dec 18 . 1937 22. I MEREBY CERTIFY, That I attended deceased from
	HUSBAND of John Tollie Gell	I last saw here on one or or 19.3.7. Death is said
IN DOCK	6. DATE OF BIRTH (month, day, year) May 29-1870 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
delibria e	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	acute Cardiac Decompensation 12-16:5
Sec amoun	work was done, as silk mill, saw mill, bank, etc. 19. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance:
LILLO K	12. BIRTHPLACE (city or town) Balturas) Md.	Was an operation performed? Date of Muse
0110	13. NAME Charles Little	For what disease or injury?
y many	13. NAME (fosles Fittle 14. BIRTHPLACE (city or town) Pa (State or country)	What test confirmed diagnosis? Was there an autopsy? 200. 23. If death was due to external causes (violence) fill in also the fol-
1 4 6	15. MAIDEN NAME Jusie Y. Blosser	Accident, suicide, or homicide?Date of injury
17	16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State)
CTTTT	17. INFORMANT MASSELLE Y. Ford (Address) Pikesielle Md	Specify whether injury occurred in industry, in home, or in public place
0000	18. BURIAL, CREMATION, OR REMOVAL Piace M. C. Date Date 20 1037	Nature of injury
6	19. UNDERTAKE: Frank H. Newell (Address) Pikewill , mg.	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED Dec 20 1927 Jane Registrar.	(Signed) D. D. Cafles M. D. (Address) Reisterstown, M. D.
1	0 0	

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Cerebral hemorrhage	July 5, 1927		3 days ago	
A CONTRACTOR OF THE CONTRACTOR		1. 1.0		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastrocnteritis	1 year	
All States of the States of th		1		

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DE	ATH
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1. PLAC	CE OF DEA	TH	/ 1/1/11		12002
Coun	ty Balti	more			Registration Diet No.
Villag	ge or City_St	oneleig	h		No. 7100 Vardman Road St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign hirth?
Length	h of residence in c	ity or town where	death occurred	(1)	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrs,mos,ds.
-		· Accessor		7	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			n M.Gil		If U. S. Veteran, specify WAR
(a) R	Residence: No	7100 Wa	rdman A		St., Ward. If nonresident give city or town and State
. PER	RSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX		or or race hite	OR DIVORCE	RIED, WIDOWED, D (write the word) HOWER	21. DATE OF DEATH Dec 12, 1937, 193
5a. If merried	, widowed, or div		NA TI	TOMET.	(Month) (Day) (Yoar)
HUSBAN (or) WIF	EE of	+-77- 0	G		22. I HEREBY CERTIFY, That I attended deceased from
	ES	telle C	Crump		10V/2-,1937, to D3C 12-,1937
			rch 6.1		I last saw h. Co. alive on DCC 1, 1937; deeth is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	81	1 77	6	ormin.	were es follows:
8. Trade	e, profession, or p	articular , as SPINNER,	etired]	ס זוו	Cerebral hemorrhage 12/14
9 Indus	etry or business i	n which			-
S S	ork was done, as AW MILL, BANK,	SILK MILL, C.	lergyma	a	
10. Date	deceased last wo	rked at	11. Total t	ime (years) nt in this	
100 ye	ear)		occi	pation	Other Contributory Causes of Importance:
		Va	•		arteriorderons 10 m
	or country)				
13. NAME	E Jo	hn M.Gi	11		4
A 14. BIRTI	HPLACE (city or t	own)	Va		Name of operation Woul Oate of
1 (:	State or country)				Whet test confirmed diagnosis? Clinical Was there an autopsy?
15. MAID 16. BIRTH	EN NAME	ary E.H	ughes		23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTH	HPLACE (city or to State or country)	own)	Va		Accident, suicide, or homicide?
		4. T 0 . D	3		Where did injury occur? (Specify city or town, county and State)
17. INFORMAT		t J.Gil	man Road	3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, C	REMATION, OR	REMOVAL			Manner of injury
Place	Nestmin	ster Md	Oate_Dec_	14.1937	Neture of injury
19. UNDERTA	KER John	Mute	hell the	us X	24. Wes disease or injury in any way related to occupetion of deceased? 100
(Addit	1 12	Eutaw P	BCE	2 ///	If so, specify Class & Relly 11 1
20. FILE	10-12.	192	Lula h	Registrar.	(Signed)
		If more			2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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JAN 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

202 H. Man An Keller

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12698
1. PLACE OF DEATH	120 /26 20 20
county Baldemore Country.	Registration Dist. No. 1
Village or City Endowood Landforum of	beath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	^
2. FULL NAME TINKNEYHA mmond (TI	I IASTREVALER OF SPECIFY WAR.
(a) Residence: No. 370 A SEGNOIA AVE	St., Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, and year) Way 24th 1910 .	1 last saw h 1 200 aliva on Alle 15 19 37: death is seld
7. AGE Years Months Days If LESS than	to have occurred on the data steted above, at 5 40 Am.
27 6 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trada, profession, or particular kind of work done as SPINNER	Date of onset
kind of work dona, as SPINNER, CAD LUEN SAWYER, BOOKKEEPER, etc. 9 Industry or business in which	Julmonary Jufficuloses. nov 6/93
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked et this occupation (month and	
year) occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Dall Imval	Other Cautibutary Causes of Importance.
(State or country)	
13. NAME G. T. MARIE G. 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 724
15. MAIDEN NAME 111 (18 11 11 11 11 11 11 11 11 11 11 11 11 1	23. If death wes dua to extarnel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AND	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Parkwood Cen Date Jee 7/2, 1937	Nature of injury
19. UNDERTAKER Non- p. The Control	24. Was diseasa or injury in any way related to occupation of deceased?
20. FIXED IC 20, 137 All Avilalla May Registrari	(Signed) ANUNOWY TO MAN D. (Address) JAIT Javi Ball
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

71	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

(Address)

19. UNDERTAKER

20. FILED_/2

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	12699
1. PLACE OF DEATH County Balto.			3
Village or City Rusturston Length of residence In city or town where death 2. FULL NAME Baby &	(If	NoSt., death occurred in a horpital or institution, give its NAME instead of street of the death occurredds. How long in U.S. if of foreign blrth?yrs	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE 5. S Mole Lolor 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Livingle 28 / 937 Days If LESS than	21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY. That I atten 28. 1937, to Dec 2 1 liest saw have alive on Dec 28. 1937 to have occurred on the dete steted above, at 6.4. m.	8 , 19.37
_ 8. Trade, profession, or particular	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	Premature Infant. Respiratory Flailure	/2-28-
o this occupation (month and year) 12. BIRTHPLACE (city or town) Bullo (State or country)	occupation	Other Contributory Causes of Importance:	
13. NAME arthur 19	ray		
E 14 RIPTHPI ACE (city or town) b ne	- /.	Name of operation have Date	of

15. MAIDEN NAME Certica Payre

16. BIRTHPLACE (city or town) - Breekt Co

(State or country)

17. INFORMANT Certical Cayre

18. MAIDEN NAME Certical Payre

23. If death was due to external causes (VIOLENCE) fill In also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

(Specify city or town, country and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

What test confirmed diagnosis?

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

1f so, specify

Was there an autopsy? - Zas

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
De Real Ve				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12700
1. PLACE OF DEATH	- G9)
County Pallemon County	Registration Dist. No. 41
Village or City Dundall,	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Gessie Markay GRY	ND
(2) Pasidanca: No. 59 Authoris Rd	Ct . Word
(a) restructive. The (Usual place of abode) Dec	udael had. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (regrice the word) MAINIEG 5a. If married, widowed, or divorced	21. DATE OF DEATH December 15 , 193 7 (Month) (Oay) (Yéar)
HUSBANO of (or) WIFE of OHO Grund	22. I HEREBY CERTIFY. That I ettended deceased from
5. DATE OF BIRTH (month, day, and year) July 30 - 1870	I last saw her alive on North 12 1937; death is said
7. AGE Years Months / Days if LESS than	to have occurred on the date steted above, etm.
67 5 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cerebral nomerchage
SAWYER, BOOKKEPER, etc. Housewife 9. Industry or business in which	apoplety) lift 1,4
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this convertise worked at 11. Total time (years)	//-
10. Data deceased last worked at this occupation (month and year)	
South	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) - COTLANIA (State or country)	Maketia millition 1627
13. NAME Peter Machay	THE THE THE THE THE TENT
14. BIRTHPLACE (city or town)	Name of operation Oete of
(State of country)) SC07/4/14	What test confirmed diagnosis? Church Was there an autopsy? Ma
15. MAIDEN NAME MATYATET DUNN	23. if death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Maryaret DUNN 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oete of injury, 19
(State or country) Scot land	Whera did injury occur?
17. INFORMANT 1/75 20/9 10/5 (Addrass) 16/2 Se/mg ave.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place / Je downinge Memoria Date Dec 17, 1931	Nature of injury
9. UNDERTAKER POLAND L. Ferker (Address) 6/12 1. Monrae	24. Wes disease or injury in any way related to occupation of deceased? #10
20. FILEO 12/15/379 Omborne	(Signed) M. Deier M. D. (Address) Dans Jelen M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, 131 V. 2	. (1)		
Other contributory causes of importance:	- Committee	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	------	-----	----------------	-------------------	----	-----------

V. S. No. 1

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA-See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be tion should be carefully supplied. TION is very important. WRITE

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Back Co.	Registration Dist. No.
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sarah Hall	If U. S. Veteran, specify WAR
(a) Residence: No. (Usuai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 24 193. (Month) (Day) (Year)
5a. If marriad, widowed, or divorced hospital of the late John Hall	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 16-1851	I last saw h 2 alive on 2 2 4 , 193); death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were 3s follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housewalk SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	mome onyvenditis 1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town). (State or country)	Other Contributory Causes of importance:
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 2006 (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Faura Sennoch (Addrass) Saldwin Mrs.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Form M. 2. Count. Date Dec. 27, 1937	Manner of injury
19. UNDERTAKER Claumi T. arthur (Address) 70k mg.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED & \$5/3/9 W M/ hmmmth. Registrar.	(Signed) (Address) Salan

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEODI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	I . now W than I V	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1000	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE	OF	MARYI	AND-C	ERTIFIC	ATE	OF	DEATH
SIMIL	OF	MAKIL	AND	LITTIC	ALL	O	DLAIN

1	10	"	11	1	
-1	4	6	U	1	

1. PLACE OF DEATH	(23)
County Dallimore	Registration Dist. No.
Village or City UDOWOOD SANATORIUM, TOWSON, T	ND. St., Ward
Length of rasidence in city or town where death occurred yrs.	death occurred in a hospital or institution, give its NAME instead of street and number) 2 ds. How long In U.S. if of foreign birth?
Shaplato Man to H	100
2. FULL NAME COSTAL STATE OF THE COSTAL STATE	U.S. Veteran specify WAR.
(a) Residence: Np. 420 / Lewis Communication (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH (Month) (Day) (Ger)
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Deen 5, 1893	I last saw her alive on December 19, 1937; death Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 5120 Pm.
44 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Data of onest
kind of work done, as SPINNER, SeawStess SAWYER, BDDKKEEPER, etc.	Pulmay / wheatoses February
9. Industry or business In which work was done, as SILK MILL, Parawa Factory	1937
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at this occupation of month and of the company	
this occupation (month and 1977 spent in this 29 occupation occupation	
12. BIRTHPLACE (city or town) Baltimore	Other Coutributary Causes of Importance:
(State or country) many land,	
13. NAME Theodore Haller	
13. NAME / LEDROLE HUELL 14. BIRTHPLACE (city or town). Gliway.	Nama of operation
(State of country)	What test confirmed diagnosis? X Meus Was there an autopsy? MA
15. MAIDEN NAME May Mey	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME May Plens 16. BIRTHPLACE (city or town) May Card	Accident, suicide, or homicide? Date of injury, 19
Personal HistoryHospital Record	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT	Spacify whethar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Addrass Judowo od Sanatorium, Towson, Md. 18. BURIAL, CREMATION, OR REMOVAL	Manage of Indian
Place Lacelora Fort. Date Dec 24/197	Nature of injury
ged of Both 66 1 2001	24. Was disease or injury in any way related to occupation of decessed?
(Addrass) 9 as E Replect On	If so, spacify
Q. A. A. A.	(Signad) NU Dudes M. D.
20. FILED We 72, 1937 AM / Oalow Registrar.	(Addrass) Towson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	DEC 30.500	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of death and related causes of importance:

PHYSICIANS should state Exact statement of OCCUPA-ORD. Every item of inforstated EXACTLY. UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, W

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	OI MITTI			
			Registration Dist. No. 3/	
Village or City Granit			No. ea	Ward
Village of City GPAILI	e	(I)	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and de How long in II.S. If of foreign birth?	d number)
Length of rasidence In city or town wh	ere death occurredC	O_yrsmos	sds. How long In U.S. If of foreign birth?yrs	mosds.
2. FULL NAME Sarah R	. Hamilto	n	If U. S. Veteran, specify WAR	
(a) Residence: No. Gran			St., Ward. If nonresident give city or town as	10.
PERSONAL AND STATI	(Usualplace		MEDICAL CERTIFICATE OF DEATH	ad State
3. SEX 4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	. 193 7
Female White 5a. If married, widowed, or divorced	Sing]	Le	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, That i attende	
			July ,1937, 10 Dec 2	
6. DATE OF BIRTH (month, day, end yell)			i lest saw h elive on	; death is said
7. AGE Years Months	Days	if LESS than 1 day,hrs.	to have occurred on the date stated above, at	
81 9	28	ormin.	were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	None			
9. Industry or business in which			0. 11.	Jan 193
work wes done, es SILK MILL, SAW MILL, BANK, etc.				
- I this occupation (month and	spe	tima (years) ent in this		
year)	000	upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	7 4			
(Stete or country) Mary				
13. NAME James S. H	amilton			
[State or country] Marv	land		Name of operation	
			What test confirmed diagnosis? Was there at	
<u> </u>	CA		23. If deeth was due to externel causes (VIOLENCE) fill in also the follow! Accident, suicide, or homicide? Date of injury	
O 16. BIRTHPLACE (city or town)	nna.		When all information	
17. INFORMANT Mrs. Ida F. (Address) Granit	Jones		(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
10. BURIAN GREMATION, OR REMOVAL	a inter		Manner of Injury	
W. Loule Come	Date D	w. 23, 1937	- Nature of Injury	
10 HOSETANES CONCELL	in		24. Was disease or injury in any way related to occupation of deceased?	
19. UNOERTAKER (Address)	wille	End.	If so, specify	
20. FILED Dec 22 1937	71/m 87	nartin	(Signed) Q.C.S.	L M. D.
20. FILED		Registrar.	(Address) 4209 9 1 4	24

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis IAN 5 188	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The second secon				
Other contributory causes of importance:	100	Other contributory causes of importance:	11-11-2 4	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			I	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

st	UP	
plno	000	/
Sh	Jo	/
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	
五	Exact	
×		
XACTI	classified.	
H	ly	ate.
stated	proper	certifica
pe	pe	Jo
plnous	it may	n back
AGE	that i	ions or
supplied.	terms, so	TION is very important. See instructions on back of certificate.
Þ.	lair	Š
careful	I'H in p	ortant.
be	EA	imi
plnou	OF D	very
n s	SE	-13
matio	CAUS	TION

STATE OF MARYLAND—CERTIFICATE OF DEATH

15	b &			0)	
1	3	1	17	1)	
-10	-		0	. ,	

1. PLACE OF DEATH	93.0 130			
County Baltimore	Registration Dist. No. 30			
Village or City Catonsville, Maryland Spring Grove State Hospita Villength of residence in city or town where death occurred. 4 yrs. 1 mos	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) 5. 25 ds. How long in U.S. if of foreign birth? yrs. mos. ds.			
2. FULL NAME William H. Hammen	If II C Voteron energy WAD			
	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
M 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH December 7, 193 7 (Month) (Yeer)			
a. If married, widowed, or divorced HUSBAND ot (or) WIFE of Jenny Rouse Hammen	22. HEREBY CERTIFY, That I attended daceased from			
Towns Items Items	August 11, 19 33 to December 7, 187			
5. DATE OF BIRTH (month, day, and year) June 22, 1851 7. AGE Years Months Days If LESS than 1 day,hrs. ormln.	I last saw h. LUL. elive on December 6, 1937; death is said to have occurred on the date stated above, at 1:40a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Senility Before 1933 Generalized Arteriosclerosis Before Chronic Myocarditis Before 1933			
year) 1930 occupation Ellie Birthplace (city or town) Baltimore County (State or country)	Other Centribulery Causes of Importance;			
f 13. NAME Unknown				
14. BIRTHPLACE (city or town)	Neme of operation None Dete of What test confirmed diegnosis? Clinical Was there an au'opsy? No.			
15. MAIDEN NAME Unknown	23. If deeth was due to externel ceuses (VIOLENCE) fill In elso the following:			
16. BIRTHPLACE (city or town) Germany (State or country)	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?			
I7. INFORMANTHospital-Records	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Juniary Con R. pate 12/9 , 1937	Manner of Injury			
19. UNDERTAKER Wan Cook (Address) /2/7 St Paul St.	24. Wes disease or injury in any way related to occupation of deceased? NO.			
20. FILED. 19 Al Sulla Registrar.	(Signed) M. D. (Ardress) Calmently well			

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Example I	1	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage JAN 4 1938	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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HEALTH DEPARTMENT—CITY OF BALTIMORE 12704

CERTIFICATE OF DEATH

	1. PLACE OF DEATH	Registered No. 3/
	CITY OF BALTIMORE: (N. Jaudallelozon	
	Length of residence in city or town where death occurred yrs	mosds. How long in U. S. If of foreign birth?yrsmosds.
	2. FULL NAME Mechael	tiscles If U. S. Veteran specify WAR
	(a) Residence: No. Hassis besviller)	Md Ost. Ward.
	(Usual place of abode)	(If non-resident give city or town and State)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month. day, year) 17/23 , 1937
CIVIC	male white manied	22. I HEREBY CERTIFY, That I attended deceased from
100	5a. If married, widowed, or divorced HUSBAND of	1937, to 201 23, 1937
75	(or) WIFE of theres stanley.	I last saw h.M. alive on
4	6. DATE OF BIRTH (month, day, year) Jan 7-1868	to have occurred on the date stated above, at
100	7. AGE Yeara Months Days If LESS than	The principal cause of death and related causes of Importance were as follows:
5	69 11 18 1 day,hrs.	Carcinoma of head of
012	8. Trade, profession, or particular	faucrear 0
100	kind of work done, as spinner sawyer, bookkeeper, etc.	
Sel	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
111	10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
Dec	year) occupation (noth and occupation	of live + mesenteric glands
	12. BIRTHPLACE (city or town Dellamoni Co.	1
alli	(State or country)	Was an operation performed? Date of Joy
100	E 13. NAME Thomas Hauley	Name of operation Lyll oralony valarolony
1111	13. NAME Amus Fauley 14. BIRTHPLACE (city or town) Seland	What test confirmed diagnosis all the car autopsy?
1 3	(State or country)	23. If death was due to external causes (violence) fill in also the fol-
2	15. MAIDEN NAME Mary amy Kelley	lowing: Accident, suicide, or homicide?Date of injury
2	16. BIRTHPLACE (city or town)	Where did injury occur?
3	(State or country)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
1.1	17. INFORMANT William J. Hazeley	place
	(Address) Hassistanville sad	Mauner of injury
3	18. BURIAL, GREMATION, OR REMOVAL	Nature of injury
	Place The Standing Date A Standing 1989	24. Was disease or injury in any way related to occupation of deceased?
ľ	19. UNDERTAKER Trayel H. Melley	20 If so, specify.
	(Address) Wikewelle Daid	(Signed Van & Marty M. D.
)	20. FILED Dec 26 19.37 Wim & natural Registrar.	(Address Kriedalletown Dred
V	5 3	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosie 1915 Attack of cpilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1, 1923 Gas Gas 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

		-			Jie	-
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1	6	4	ч	7	0	7

1. PLACE OF DEATH			106 P		
County Baltimore	-0		Registration Dist. No. 4	~	
Village or City Relay			330 D 331 D . 3		
		30	No. 112 RO111ng ROAG St., If death occurred in a horpital or institution, give its NAME instead of street and s	number)	
				0505.	
			If U. S. Veteran, specify WAR		
(a) Residence: No. 11	2 Rolling Ro	ad place of abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL AND S			MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR Whit	OR DIV	MARRIED, WIDOWED, DRCED (write the word) dowed	21. DATE OF DEATH December 24th (Month) (Day)	193 7 (Year)	
5a. If married, widowad, or divorced	Harrison		22. HEREBY CERTIFY, That i attended	decaased from	
	Decembe	r 2nd 1845	2 2	; death is said	
6. DATE OF BIRTH (month, day, and 7. AGE Years	Months Dey:	1	to have occurred on the date stated above, atm.	-, death is said	
92	0 2	2 1 day,hrs. ormin.		Dete of onset	
8. Trade, profassion, or particul kind of work done, as SP SAWYER, BOOKKEEPER, a	er PINNER, Retired	Farmer	Bronchie as Tima = =	Many year	
kind of work done, as SP SAWYER, BOOKKEEPER, a 9. Industry or business in whic work was done, as SILK i SAW MILL, BANK, etc	Mill. Self		Euro hysomo and tronchustorio		
10. Date deceased last worked a this occupation (month en yaar)	it 11.1	otal tima (years) spent in this occupation			
I2. BIRTHPLACE (city or town) (State or country)	ngland		Other Contributory Causes of Importence:	Tymes	
13. NAME James	Harrison				
13. NAME James 14. BIRTHPLACE (city or town) (State or country)	England		Name of operation		
	Morris		What test confirmed diegnosis? Was there an 23. If death was due to external causes (VIOLENCE) fill in also the followin		
15. MAIDEN NAME Ann 1		a	Accident, suicida, or homicide? Date of injury	•	
(State or country)		VL	Where did injury occur?		
17. INFORMANT Mrs Mar (Address) 112 Rol	y Linney ling Road-Re	lav	(Specify city or town, county and Sta Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PL	ite) .ACE.	
18. BURIAL, CREMATION OF REMEN			Manner of Injury		
Place Loudon Par	k Date D	eg 27th 1937	Natura of injury		
19. UNDERTAKEN (Address)	world fac	Balls Ind	24. Wes disease or injury in any way ralated to occupation of deceased?	No	
20. FILEO Dec 27.193	- 11 1	wheefle	(Signed) / Cargai V Jeasler' (Address) / Leay - Ned		
	If more blanks are ne	eded, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIFERE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Dr Bietler	

PHYSICIANS should state VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	Registration Dist. No.
ounty	TILL RIVER
Village or City ## THORPE	No. 1/15/11/15/30 St, If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurred yours	sds. How long in U.S. M of foreign birth?yrsmos
2. FULL NAME EMMA FRANCIS HOUCK	
(a) Residence: No. HARETHORPE MO	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO,	21. DATE OF DEATH DECEMBER 6 1937
EMPLE WHITE MARRIED	(Month) (Day) Year
AUSBAND of Cory WIFE of FREE HEARY HOUSE	22. I HEREBY CERTIFY, That I altanded daceased
(or) WIFE OF ESSE HENRY TOUCK	Nov 26 ,1936, to DEC 6 ,193
DATE OF BIRTH (month, day, and year) AUS 16 1869	I last saw h E alive on DEC 4, 187; death i
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
68 3 2/ I day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importence ware as follows: Date of
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Partial 2
9. Industry or businass In which	THE LENGT LERONS
9. Industry or businass in which work wes dona, as SILK MILL, SAW MILL, BANK, etc	1) APPER RESPIESED INFECTION 115
10. Oate deceased last worked et this occupation (month and year) year) 11, Total time (yeers) spent in this occupation occupation.	
Canada	Othar Contributory Causes of importance:
(State or country) BACTIMORE COUNTY	
13. NAME JAMES U. MASON	
14. BIRTHPLACE (city or town) BATTIMORE	Name of operation
(Stata or country)	What test confirmed diagnosis? Examp. Wes there an autopsy?
15. MAIDEN NAME CATHERINE MCCULLOUGH	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, suicida, or homicide? Date of injury, 19_
(State or country) MARYLAND	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT JESSE A HOUCK (Address) HALETHORPE MD	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Laudon Portata Dec 9, 193	Nature of injury
19. UNDERTAKER Joseph Josinskus Inc.	24. Was diseesa er Injury in any way ralated to occupation of deceasad?
20. FILE Den 7 19 37 M. M.	(Signed) Seward & Mulan

CTATE OF MADY AND CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 9 1937	July 5,1927	Peritonitis	3 days ago	
AL SEAL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. N. B

		S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	708
1	- PLACE O					(31)	./
	County	Balti	lmore			Registration Dist. No.	4
1	Village or	City M1	dle Riv	er		No. ORems Road St.	War
/	Length of res	idance in cit	ly or lown where de-	ath accurred 1	lfe. (I	No. OROMS ROAD St., f death occurred in a hospital or institution, give its NAME instead of street and as the work of the work of the street and as the work of the street and as the work of the street and as the work of the wor	umber)
-			ohn A. H		lle River	If U. S. Veteran, specify WAR	
	(a) Residei	nce: No	or onto 1ta	(Usual place		St., Ward. If nonresident give city or town and	State
chette	PERSON	AL AN	D STATISTIC			MEDICAL CERTIFICATE OF DEATH	
	sex Male		r or race	OR DIYORCE	RIED, WIDOWED, D (which the word)	21. DATE OF DEATH December 26th, (Month) (Day)	193 7 (Year)
5a.	If married, widow	wed, or divo	rced				
	(or) WIFE of	Ne	annie M.	Hughes	3	22. I HEREBY CERTIFY, That I attanded of	193/
			, and year) OC	t. 22,	1858	I last saw h 3 m. alive on	; daath Is sa
7. /	AGE Ya	ars	Months	Days	If LESS than I day,hrs.	to heve occurred on the date stated above, at 12;40P. M.	
_		79	2	4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of one
OCCUPATION	kind of work dona, as SPINNER, Postmaster SAWYER, BOOKKEEPER, etc.					Coronary dromboses	Dec. 19
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					•	
ပိ	10. Date dacaas this occu yaar)	sad last wor	ked at nth a 1 d932	spe	ime (yaars) nt in this 20 upation 20		
12.	BIRTHPLACE (c (Slate or cou		Balto.	Co.,		Other Cootributory Couges of Importance: Chronic rephentic and Hyperstension	84
ER	13. NAME J	ohn A	A. Hughe	3			
FATH	14. BIRTHPLAC		IInlen	own		Name of operation	A
œ	15. MAIDEN NA		Liza Sut			What lest confirmed diegnosis? Clemental Was there an at	
MOTHER	16. BIRTHPLAC	E (city or to	wn) Unkn	own		23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Dele of Injury	
	INFORMANT M	r country) [rs.]	Hughes	nown		Where did Injury occur? (Specify city or town, county and State Specify whather Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLA) CE,
			le River	Md.			
18.	BURIAL, CREMA			Dec	29, 19 37	Mannar of Injury	
			0.0	Data D.Y.S.	1	Nature of injury	
19.	UNDERTAKER (Address)	7401	Be Tarr.	Road r	Kau	24. Was disaasa or injury In any wey related to occupation of deceasad?	<i>/ w</i>
20.	FILED 17/	28,1	037 /	hy/s.	Constant Recistrar	(Signad) Harry ashman	M.

U If more blanks are needed, address State Refererar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
JAN 6 1938					
Other contributory causes of importance. S.		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

STATE	OF	MARYL	AND—CERTIFICATE	OF	DEATH
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1	1 2	, n	. 4	6
1	2	6	U	J

1. PLACE	. PLACE OF DEATH County Baltimore				(30)	400			
County	Balt	imore			Registration Dist. No. 32				
Village Length o	Dr City	Pikesv	ille	(If 3 7 yrsmos	No. Stevenson Road St., death occurred in a hospital or institution, give its NAME instead of street and n ds. How long In U.S. if of foreign birth?	Ward			
	NAMEN		dosia Hu: lle, Md.		If U. S. Veteran, specify WAR				
PERS	ONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
s. SEX Female	Whi		5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 20th (Month) (Day)	, 193.7 (Yeer)			
5a. If married, v HUSBAND (or) WIFE	widowed, or divo of of	rced			22. I HEREBY CERTIFY. Thet lattended of Sept. 17th 19 37, to December 20t	h, 1937			
7. AGE	Years 78 profession, or pe	Months 2	pt. 25, Days 25	1859 If LESS than 1 dey,hrs. ormin,	to heve occurred on the date steted above, et. 11.15 mP.M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	; death is seid			
9. Industr wor SAV 10. Dete d this	d of work done, WYER, BDDKKEE y or business in k was done, as S W MILL, BANK, e eceased last wor s occupetion (mos	es SPINNER, PER, etc which SILK MILL, etc ked et nth and	spe	ime (yeers) nt in this	Carcinoma of stomach and liver	?			
12. BIRTHPLAC	CE (city or town)		town	upetion	Other Contributory Causes of Importance: Carcinoma of left breast About	4 vrs.			
₩ 13. NAME	John W.								
H 14. BIRTHE	PLACE (city or to ate or country)				Neme of operation				
15. MAIDEN NAME Mary Daniel 16. BIRTHPLACE (city or town) (State or country) Virginia 17. INFDRMANT Mr. Charles J. Moore (Address) Pikesville, Md. 18. BURIAL, CREMANION, OR REMOVAL Lumina					23. If deeth was due to externel ceuses (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide?				
	ER Wil	ligger	how he	Nichar Registrar	Nature of injury 24. Was disease or injury in eny wey releted to occupetion of deceased? If so, specify (Signed) (Address)	No			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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i de	Example II	1
ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
dy 5,1927	Peritonitis	3 days ago
2	Other contributory causes of importance:	
Tay 1,1923	Gastroenteritis	1 year
The state of the s	1915 1921 dy 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car 195,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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item of infor-	should state	of OCCUPA-	
S. MRITE PLAIMLY, WIN UNFADING INK-THIS IS A PERMANENT RICKLY. Every item of infor-	EXACTLY. PHYSICIANS	. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	cate.
THIS IS A	i be state	y be prope	k of certifi
G INK-T	GE should	that it may	ns on back
UNFADIN	y supplied. A	ain terms, so	See instruction
ALY, WE	be carefull	LATH in pl	mnortant.
BIMRITE PLAN	madion should l	CAUSE OF DE	TION is very important. See instructions on back of certificate.

SIAII	- OF MARYLAND-	CERTIFICATE OF DEATH	1010
1. PLACE OF DEATH	<i>y</i> _'	11-2)	
County Jan	more	Registration Dist. No.	3/
Village or City	vodlavn Md	No. 2116 Junio Oat Me St. If death occurred in a hospital or institution, give its NAME instead of street	
Length of residence In city or town	where daeth occurredyrsmo	sds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	Vora I glehart	1f U. S. Veteran, specify WAR	
(a) Residence: No. 2/16	Many Clah as	St., Ward. If nonresident give city or town	n and State
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
SEX) 4. COLOR OR RAC Female White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 12	, 193./ (Year)
a. If merriad, widowed, or divorced HUSBANO of (or) WIFE of	0100		
(or) WIFE of Marin	n T. Iglehart.	22. HEREBY CERTIFY, That I atte	nded deceased from
	00 / 5/1001	Dec 7 , 1937, to Die.	27
DATE OF BIRTH (month, dey, and year		I last saw h alive on 19	.5.7; death is said
. AGE Years Mon	Deys If LESS than 1 day,hrs	to have occurred on the date stated above, at	
66 /	/ ormin.	were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc	ER, Housempe.	Broncho pulumonia	blee
9. Industry or businass in which work was dona, as SILK MILL SAW MILL, BANK, etc			
kind of work done, as SPINN SAWYER, BOOKKEPER, etc 9. Industry or businass in which work was dona, as SILK MILL SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and yaar)	11. Total tima (yaars) spent in this occupation		173,
, , , , , , , , , , , , , , , , , , , ,	13011-	Other Contributory Causes of Importanca:	
2. BIRTHPLACE (city or town)	Jactimore had	()-10-	Dec.
(State or country)	ma	- mftunga	193
14. BIRTHPLACE (city or town)	om		
14. BIRTHPLACE (city or town) (State or country)	Ankum	What test confirmed diagnosis?	e ofe an autopsy?
15. MAIOEN NAME Low	se Justinen	23. If death was due to external causes (VIOLENCE) fill in 1800 the fol	lowing:
15. MAIOEN NAME Court 16. BIRTHPLACE (city or town) (State or country)	4	Accident, suicide, or homicide? Oate of injury	, 19
(Stata or country)	Sermany.	Where did injury occur?	
7. INFORMANT Marion (Address) 2/1/6	I Iglehart lok line	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, In HOME, or in PUBL	nd State) IC PLACE,
8. BURIAL, CREMATION, OR REMOVAL	Cem. Date Dec 14 193;	Manner of Injury	
9. UNDERTAKER ANY (Addrass) 4204	H. annacock	24. Was disease or Injury In any way related to occupation of decease If so, specify	or ho
20. FILED Dec 12 , 19.37	Wm & marlin Registrar.	(Signed) Wahna It Uruacost	M.
	If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF PEATH	930)
County 10 allo	Registration Dist. No. 43
Village or City Overlea	No. 6 6 lm ase St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of fasidance in city of town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CAMPY My feron	ne
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED france the word)	21. DATE OF DEATH /2 2.6 193 7
5a. If marriad, widowed, or the ad	(Month) (Day) (Yaar)
(or) WIFE of Chancey & Jerome	22. I HEREBY CERTIFY That I attanded decassed from 19, to Dec 26, 19.37
6. DATE OF BIRTH (month, dey, and year) 4854	I last saw h alive on Dec 26 , 19 3 7; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
83 5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Treda, profassion, or perticular kind of work done, as SPINNER,	Data of one et
SAWYER, BOOKKEEPER, atc.	Willia Selectus
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	7 1990 1990
0 10. Data daceesad last worked at 11. Total time (years)	- Togo waging
this occupation (month and spant in this year) occupation	Myrales wifeen
NA PARTIES ACT (-it	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	Brouchot were Dec
13. NAME Vacor Verone	2000
14. BIRTHPLACE (city or town)	Name of operation Date of
(etete or country)	8 - 15
IS MAIDEN NAME/ Cachel Cerone	What tast confirmed diagnosis? Lagrant Sugar Was there an autopsy?
15. MAIDEN NAME (achel Jewone 16. BIRTHPLACE (city or town) (State or equality)	Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Mrs. Harry Watson	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	openi, manual mjarj cocarica in ribbotiti, in nome, or in Public PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chambers Dete Dec 29, 195	Nature of injury
19. UNDERTAKER John A Minan,	24. Wes disease or injury in any way ralated to occupation of deceased?
(Addrass) , 3000 / Patto St.	If so, specify
20 EUED 12/14 10.32 5 A F. T MD	(Signed) List Berry M. D.
20. FILED 19.5/ 1. Tarky M. Registrar.	(Addrass) / W. Orcilca and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	1700
Gallstones	May 1,1923	Gastroenteritis	1 year

LION

infor-

Jo

OCCUPA

STATE OF MARYLAND	-CERTIFICATE OF D	EATH 12712
DEATH	95.7	
Baltimore	Regist	ration Dist. No. 38
Baltimore	(If death occurred in a hospital or institution, give its	Que St., Ward
nca In city or town whera daath occurredyrs	(If death occurred in a hospital or institution, give itsds. How long in U.S. if of foreign bit	
E Maggie Johnson	If U.S. Veteran specify WAR	- and ###################################
: No. Bailrow aue (Usual place of abode)	St., Ward.	resident give city or town and State
(Usual place or abode)	11 0011	resident give city of town and Mate

1. PLACE OF County Village or City Langth of resida 2. FULL NAM (a) Residence PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) Sa. If married, widowad, or divorced HUSBAND of That I ettended deceased from (or) WIFE of 50 6. DATE OF BIRTH (month, dey, and year) 7. AGE Days if LESS than to have occurred on the date stated above. Months 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. ware as follows: Date of onset 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Date daceased last worked at this occupation (month and occupation __ yaar) Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town). (State or country) HER 13, NAME FAT Name of operation... 14. BIRTHPLACE (city or town) ... (State or country) What tast confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23, if death was due to external couses (VIOLENCE) fill in elso the following: Accident, suicide, or homicida?_____ Date of injury_____ 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?____ (Specify city nr town, county and State) Specify whether injury occurred in INDUSTRY, in HOME; or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury. 24. Was disease or injury in any way ralated to occupation of dacaasad? 19. UNDERTAKE If so, spacify Local

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Other contributory causes of importance:		Other contributory causes of importance:	
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9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I		Example II	
The principal cause of death and relate causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAT V. P. C.			
Other contributory courses of importance:		Other contributory causes of importance:	
Gallstones QQ A A COX O	May 1, 1923	Gastroenteritis	1 year
RINCHILL			

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH	114
1. PLACE OF DEATH	(8x-a)	
County 1 Dallingon	Registration Dist. No.	2
Village or City Cella	No. OElla Circ St.	Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and nu os,ds. How long in U.S. if of foraign birth?yrsmos.	
1. 1/2/11/		
2. FULL NAME STATE OF THE ATTENTION OF T	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
J. SEX 4. CQLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which the word)	21. DATE OF DEATH	7
Tunale White Surger	(Month) (Day)	193(Year)
5a. If married, widowed, or divorcad HUSBANO of		
(or) WIFE of	22. HEREBY CERTIFY. That I ettended de	eceased from
6. DATE OF BIRTH (month, day, and real 1) 15- 1858	I last saw h alive on Sec 2 f 19 3).	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.11 A.m.	4041113 9414
1 1 1 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH end ralated causes of Importance	
8. Trade, profassion, or particular	wara as follows:	Date of onset
kind of work done, as SPINNER, Atheustee	Miller Velgron	?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceasad last worked at this occuration (month and	Cereme / tomonhein	SE 23/
work was dona, es SILK MILL, SAW MILL, BANK, etc		
10. Date daceasad last workad at this occupation (month and yaar)		
han 1 1	Other Coatributory Casses of importance:	
12. BIRTHPLACE (city or town) (State or country)	Venila Domentia	Mers 2.1
13. NAME III Erictee Loves		50
	Name of operation Oate of	
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au	tonev? Zw
15. MA(DEN) HAME LEVIL US TOTA	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:	rops) :
15. MA(DEN) DANCHELLICE (City or town) - All Mary Case of	Accident, suicide, or homicide? Date of injury	19
(State of country)	Whare did Injury occur?	
17. INFORMANT To John Course	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	CE.
(Address) Oflo Wy		
18. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury	
Place Cetter Cetter Oata Oata 190	Natura of injury	
19. UNDERTAKER Castow Sous	24. Was disaase or injury In any way ralated to occupation of dacaased?	hr
(Address Ollical Celt)	If so, specify	
20. FILED 13/3/ , 1931 A Ganules Registrar.	(Signed)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I The principal cause of death and related causes of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I'm have to them to be	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 4 1938	July 5,1927	Peritonitis	3 days ago
	BURGAU V. S			
Other contributory cau	ses of importance:	A 1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

sts	UP	
plnc	000	
sho	Jo	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	eAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	/
XACTLY	classified.]	,
stated E	properly	certificate
þe	pe	Jo
pluods	it may	n back
AGE	that	tions o
supplied.	in terms, se	TION is very important. See instructions on back of certificate.
e carefully	ATH in pla	portant.
q plnoqs	S OF DE	is very in
Malion	eAUSI	TION !

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	19	1	-1	5 4
Æ	2	6	1	2.1
A	-	-	10	

1. PLACE C	OF DEATH			(3)	
County	Baltimore			Registration Dist. No. 30	
	City Catons vil		(If 8 yrs 2 mos	No. Spring Grove State Hosp. St., death occurred in a horpital or institution, give its NAME instead of street and 13 ds. How long In U.S. if of foreign birth? 23 yrs. ?	Ward number)
2. FULL NA	ME George I	Kassimus	A state of	If U. S. Veteran, specify WAR	
(a) Reside	nce: No. none know	√n (Usuai place	of abode)	St., Ward. If nonresident give city or town as	nd State
PERSOI	NAL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR OR RACE white	OR DIVORCE	RRIED, WIDOWED, ED (write the word) ingle	21. DATE OF DEATH December (Month) (Day)	., 1937(Year)
a. If married, wido HUSBAND of (or) WiFE of	wed, or divorced			22. I HEREBY CERTIFY. That I attende September 24, 1989 to December 7	d daceased from
DATE OF RIGHT	(month, day, and year) A]	pril 23,	1886	i last saw h. i.M. aliva on Dec. 7 ,19 3	
	months 7	Days	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1 p.m.m.	
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc steward, cook 9. Industry or business in which work was dona, as SILK MILL, shipping companies 10. Dete deceased lest worked at this occupation (month and year) 1929 11. Total time (years) spant in this occupation. life				General Paresis be Other Contributory Causes of Importance:	f. 1929
(State or co	untry)	a			
14. BIRTHPLAC	unknown CE (city or town) Gree or country)	9C 6		Name of operation Data of. Whet test confirmed diagnosis? clinical and was there as	
1	3			23. If daeth wes due to externel ceuses (VIOLENCE) fill In eiso the following	ng no
	E (city or town) Gree or country) Hospital reco:			Accident, suicide, or homicide? Dete of injury Where did Injury occur?(Specify city or town, county and S Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC (, 19
18. BURIAL, CREMA	ation, or removal	Oeta /2	8- ,1937	Menner of Injury	
19. UNOERTAKER Lang Landlah Saapatol 20. FILEO 19. 19. Regigrar.				24. Was disease or injury in any way related to occupation of decaased? If so, specify (Signed) (Addrass) Spring Grove State Hosp	M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: AN 4 1938	Date of onset	The principal cause of death and related causes of importance were as follows:	District Control
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	\mathbf{BY}	PHYSICIAN
--------------------------------	------------	---------------	-----------

County Saltimore	Registration Dist. No. 452
Village or City Landown	NoSt.,
	If death occurred in a horpital or institution, give its NAME instead of street and number) is,ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Saty Jung Keis	to Shipley & Vaistas
(a) Residence: No. 220 Hazel ave	St, Ward.
(Usda) place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DECEMBER (Month) (Day) Jean
a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased for
(or) WIFE of	DEC 5 1937 to DEC 9 193
DATE OF BIRTH (month, day, and year) Dec 5- 1937	i last saw h.E.R. elive on DEC 9 , 1930; death is
AGE Yaars Months Days If LESS than	to have occurred on the dete stated above, at 45 km.
0 0 4 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	7
SAWYER, BOOKKEEPER, etc	CONGENITYE TTEGET 11 ACFORMATION 12-
work wes done, as SILK MILL, SAW MILL, BANK, etc	1 Ta Ta Alter more of mile 1
10. Date decaased last worked at 11. Total time (yaers)	ON JONITHE MILLOCKINSIS COM / 17 0
this occupation (month and spent in this occupation	Other Contributory Canses of importance;
2. BIRTHPLACE (city or town) Landows	Other Conditionary Causes of Importance.
(State or countys)	
13. NAME (Wood (feister	
13. NAME (two od () siste (14. BIRTHPLACE (city or town) Washington	Name of operation Date of
(State of country)	What test confirmed diagnosis? ———————————————————————————————————
15. MAIDEN NAME (Searl M. Porce	23. If death was due to external couses (VIOLENCE) fill in olso the following:
16. BIRTHPLACE (city or town) Carral County	Accident, suicide, or homicide? Date of injury, 19
(State or county)	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT CO LUNDON CONTRACTOR	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 220 The get auch 8. BURIAL, CREMATION, OR REMOVAL)	Manner of injury
Place Mr ding Mrd Date Dec 11 , 1937	7 Nature of injury
9. UNDERTAKER Rolf (V B. M. Walter) (Address) Fratt & Strick St	24. Was disease or injury In any way related to accupation of deceased?
0. FILED (Dec 10, 1937) Sweeter	(Signed) Colward T. Julan (Address) Lane Byrnson Gro

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		1da	leens		Registration Dist. No. 30	
Village or City	Cat	tonsvill	e, Sprin	g Grove Sta	te. NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of rasida	nce in city	or town where d	Hospi eath occurrad	tal 2yrslmos	s11ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAM	Ε	James	H. Kell	y	If U. S. Veteran, specify WAR	
(a) Residence	. No	120 Per	shing Av	enue, Colme	er St., S Ward.	
PERSONA	LANIE	CTATICT	(Usual place	Tilcras (
		OR RACE		RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
M	. conor	W	OR DIVORCE	D (write the word)	December 8. 193 7	
5a. If marriad, widowed	or divorc	**	n ra	cwed	(Month) (Day) (Year)	
HUSBAND of (or) WIFE of	,	Monre (Lon	trude Re	2700	22. I HEREBY CERTIFY, That I attended deceased from	
					October 28, 19 37, to December 8 19 37	
6. DATE OF BIRTH (mo	nth, day,	Months	Days	If LESS than	I last saw h_im aliva on December_7_,, 1937_; death is to have occurred on the date stated above, at 12:202_m.	
73	2	?	?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
R Trade profession	ne or nar	ticular	1 1	ormin.	were as follows: Oats of onsel	
SAWYER, B	OKKEEP	ER, etc	Iron Wor	ker	Senility Before 1937	
kind of wor SAWYER, B 9. Industry or bus work was d SAW MILL, 10. Date dacased	ona, as SI	LK MILL.	Odd job	8	Generalized arteriosclerosis Before 193	
10. Date dacassed	ast work	ed at	11. Total	tima (yaars)	Arteriosclerotic heart disease Before	
this occupat		192	9 spa	ntin this Life		
12. BIRTHPLACE (city of	r town)	Wash	ington D	.C.	Other Contributory Causes of Importance: Chronic alcoholism Before 1937	
(State or country)					
13. NAME 14. BIRTHPLACE (c	Jame	es Kelly				
14. BIRTHPLACE (c		n)Un	known		Name of operation	
(State of co		TT- 1			What test confirmed diagnosis?Clinical Was there an au'opsy?N	
15. MAIDEN NAME		Unknown	Unknown		23. if daath was due to axtarnal causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (c		n)	OHKHOWH		Accident, suicide, or homicida?No Data of Injury, 19 Whare did Injury occur?	
17. INFORMANT Bernard H. Morningstar (Address) 120 Pershing Avenue, Colmer					(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
					opening mileting decented in industry, in nome, or introduct reads.	
18. BURIAL, CREMATION, OF REMOVAL					Manner of injury	
Place // //	nus	you, is	2 Data	, 19.2/	Nature of Injury	
19. UNDERTAKER 7	nu-	H. Jg	ido XC	5.	24. Was disease or injury in any way related to occupation of deceased? NO	
(Addrass) 4/	2-	HM	KR.		If so, specify	
20, FILED Dea 8 1937 Marshall B West					(Signed) M.	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1 1992	Other contributory causes of importance	1 year
11 49 1,1000	(BD, 18	6
OR FURTH	ER STATEMENTS BY PHYSICIAN	1
	1915 1921 July 5,1927 May 1,1923	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

certificate.

See instructions on back of

TION is very important.

12718

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County County	210-11
	Registration Dist. No. 35
Village or City therefore	No. St., War
Length of residence in city or lown where deeth occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Quanta Sama	Kenneda, If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	OWED, 21. DATE OF DEATH
r. 9 talson married	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of Stanly Kennedy	
6. DATE OF BIRTII (month, day, end year) Oct 19 192	/ I last saw h alive on 19 : deeth is sa
	S then to have occurred on the date steted above, atm.
16 1 10 1 dey,	The PRINCIPAL CAUSE OF DEATH and rejeted ceuses of importence
8. Trede, profession, or perticular	min. were as follows: Date of once
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	CZ Land I land O
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total lime (years)	Jac wa Jac
10. Date decessed last worked et this occupetion (month end spent in this	antology A. A.
yeer) occupetion	
12. BIRTHPLACE (city or town) What the all	Other Contributory Causes of importance:
(State or country)	
13. NAME RACE SPACE	
13. NAME Rocco Sporsa 14. BIRTHPLACE (city or town) Stoley	Neme of operation. Dete of
(State or country)	
15. MAIDEN NAME MANAGE	What test confirmed diegnosis?
Transce That	23. It death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident Dete of injury 19 19 19 19 19 19 19 19 19 19 19 19 19
16. BIRTHPLACE (city or town)	
1 . 8 .	Where did Injury occur? Thereford a Bollionare Goods and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Automobile secidents
Plece Jexas Octo Dec- 7	,1937- Neture of injury
(1) C B. 1 12	24. Was disease or injury in any way related to occupetion of deceased?
19. UNDERTAKER (Address)	if so, specify Minn (John M. V.)
11. 1 27 m 12 + b.	(Signed) Bery B. Messimes M
20. FILEO ALLE O 190/11 (John)	M.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1038	July 5,1927	Peritonitis	3 days ago
JAN V. S.	3		
Other contributory causes of importance:	11111111	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	(932)
county ballenore	Registration Dist, No. 42
Village or City Relay (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Verginia Clama Kno	TOLR If U.S. Yeteran specify WAR
(a) Residence: No. 1 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Peer)
a. If married, widowed, or divorced	(month) (vay) (rest)
(or) WIFE of John Fundis Knock	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) Dec 27 1853	i last sew har alive on
AGE Years Months Days If LESS than	to have occurred on the date steted above, at 8-23-m.
83 11 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occurration (month and	Myo cardial 1930
9. Industry or business in which	mastern deal classes
work wes done, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
10. Oate deceased last worked at this occupation (month end year)	
71.00, 64	Other Contributory Causes of importance:
(State or country)	Jeneral arterio Relavore
1 13, NAME Of worth and Shiplings	sending the wal figure
To the with the total of the terms of the te	
(Stete or country)	Name of operation Dete of
	What test confirmed diegnosis? Was there an autopsy? 1
Use has	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Barry (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mary Dors: Mossiner	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Relay Md	
18. BURIAL, CREMATION, OR REMOVAL PIOCO-LEAR STOWN MC Date DEC, 8, 1937	Manner of injury
19. UNDERTAKER Skiederick a Cole	24. Wes disease or injury in any way related to occupation of deceased?
(Address) /2000 Jonelal St.	If so, specify
20. FILE Par 7, 19.3.7	(Signed) SOLD A M. D. (Address) SOLD A M. D. (Address)

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

CORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY H UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING AGE should be be

should state of OCCUPA-TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may retion should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Saltimore	Registration Dist. No. 44
Village or City Long Beach	No. St. War
Length of residence in city or town where deeth occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmos,d
2. FULL NAME Christina Top	after If U. S. Veteran, specify WAR
(a) Residence: No. Jany Seach (Usual place of about	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (write manual)	te the word)
a. If married, widowed, or divorced,	Land and the same of the same
(or) WIFE of Minford I ele 11 yes	1 HEREBY CERTIFY. Thet I ettended deceased from 19
DATE OF BIRTH (month, dey, end yeer) Sept -11-1	8 F 2 I lest sew h elive on
- 140	LESS then to heve occurred on the data stated above, et
	The PRINCIPAL CAUSE OF DEATH and related ceusas of Importence were as follows: Date of onse
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	acute Cardiary land
9. Industry or businass in which work was done, as SILK MILL, Sousewefe	Primary Course: 2 mknowas
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked et this occupetion (month and	is I
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	
13. NAME Joseph Frazier	
14. BIRTHELACE (city or town)	Neme of oparation Oete of
(State of country)	What test confirmed diagnosis? Wes there en au'opsy?
15. MAIDEN NAME UNICUREWOOD	23. If death wes due to externel causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of injury, 19
(State or country)	Where did Injury occur?
7. INFORMANTINE. Hinfard lete World	(Specify or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OB REMOVAL PIECE Standard Crew Oate 12/19	Manner of Injury
9. UNDERTAKER Jahry G. Cermelly	24. Was diseese or injury in any wey raleted to occupetion of deceesed?
(Address) tessel myd).	If so, specify
10. FILEO 12/16 , 1937 John 5. Com	(Signed) (Signed) M. (Avdress) Blue M. Corpo

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RECEIVE	July 5, 1927	Peritonitis	3 days ago
	JAN 6 1038			
Other contributory cause			Other contributory causes of importance:	
Gallstones	BUREAU V.	May 1,1923	Gastroenteritis	1 year

state OCCUPA-

should

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state TECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING ITH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. LWRITE

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYI	AND-	CERTIF	ICATE	OF	DEAT
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12722

1. PLACE OF DEATH			446
County Baltimore			Registration Dist. No. 44
Village or City_Rosedale.			No. St., Ward
Length of residence in city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth? 40yrs
2. FULL NAME Michael			
			ek stye Ward
(a) Residence: No. Horst I			
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE White	or DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Lee 22 nd , 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of	Cozlowski		22. July 1 HEREBY CERTIFY That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Ur	known 18	365 ?	Mast saw hu alive on Dre 22. 1937; death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked et this occupation (month and	Tarmer		Chrone Valvuler Hert July 1.37
10. Date deceased last worked et this occupation (month and year)	spei	ime (years) nt in this upation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Poland. (State or country)			Other Countries Camer of Importance.
置 13. NAME Andrew Kozlov	vski		
13. NAME Andrew Kozlov 14. BIRTHPLACE (city or town) Polar (State or country)	nd		Name of operation Data of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Katherin	ne ?		23. If daath was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Katherine? 16. BIRTHPLACE (city or town) Poland (State or country)			Accident, suicide, or homicide?
17.INFORMANTMrs.Maryanna (AddressHorst Rd. Rose	Kozlows	ki	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St, Stanislaus	Date Dec	27th. 1937	Manner of Injury
19. UNDERTAKER Stonge	2 We	ber	24. Was disease or injury in any way related to occupation of deceased?
20. FILEPLIE 77 , 1937 907	ng Es	relly Registrar.	(Signate Collact Ny Paral M. D. (Addrass) 801 Warter M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis 15-1 1931	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		BU	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1	2	1	1	5

	1. PLACE OF DEATH	Registration Dist. No. 30
	Village or City Calensalle (if	No. Of Howard St., Ward death occurred in a hopital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos. 2. FULL NAME	O ds. How long in U.S. if of foreign birth? yrs. mos. ds.
1	(a) Residence: No. Of the (Usual place of abode)	St., Ward. A If nonresident give city or town and State
/	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Walened.	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Thomas & Lee	22. I HEREBY CERTIFY, That I attended deceased from 20, 1931, to
care.	6. DATE OF BIRTH (month, day, and year) 4ch 20 1861 7. AGE Years Months Days If LESS than	I last saw harmalive on Account of the data stated above, at 10
cerum	76 9 25 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
K OI	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerelnal Hemonhage 2 days
on back	work was done, as SILK MILL, forme with this occupation work at this occupation (month and 1931). It is occupation for the company of the com	acute my ocardiles & duration two 2 mos
instructions	12. BIRTHPLACE (city or town) Balle Go. Inde (State or country)	Other Contributory Causes of importance:
	II 13. NAME John W. Oler.	
See	14. BIRTHPLACE (city or town) 3.0/10 - 600 (State or country)	What tast confirmed diagnosis? Physical Was there an autopsy?
rtant.	15. MAIDEN NAME Sarah: ann Bailey- 16. BIRTHPLACE (city or town) Brallo Bà (State or country)	23. If death was due to external causes (VIÓLENCE) fill in also tha following: Accident, suicide, or homicida?, 19, 19
ry important.	17. INFORMANT Richard to Oles	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
N is very	18. BURIAL, CREMATION, OR REMOVAL Place A Sund Radige. Date Dec. 17., 1987	Manner of injury
TION	19. UNDERTAKER Saahin & Sifes	24. Was diseasa or injury in any way related to occupation of deceasad?
	20. FILEO Dea, 15, 1927 Marshall B Warshall B. Registrar.	(Signed) Marshall (3) West M. O. (Address) Catonsville and

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

ORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS UNFADING INK-THIS IS A PERMANENT R tion should be carefully supplied. AGE should be stated EXACTLY. CKUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WE

V. S. No. 1

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should state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	MA DC
County Deflemore	Registration Dist. No. 4 4
Village or City Sparrows Pt Q10 (Salts to)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
(a) Residence: No. 7248 Macon It Bolto M (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Market 14. COLOR OR RACE OR DIVORCED (write the word) Market Mark	21. DATE OF DEATH 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margie Lelley	22. HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) P. 1906	
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carlon Mongide Poissoning
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	Butto exhaust cas
O 10. Dato deceased last worked at this occupation (month and /2/3, 37 spent in this occupation 6 mo occupation 6 mo	
12. BIRTIIPLACE (city or town) (State or country)	Other Contributory Canses of importance:
14. BIRTHPLACE (city or town) Va	
14. BIRTHPLACE (city) or town) 10	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maggie Cussell 16. BIRTHPLACE (city or town) Va (State or country) 10 Sught Up Calle me	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) 18. BURIAL, CREMATION, ON REMOVAL	
Place Moreland Park Date 12/6 1937	Manner of injury
19. UNDERTAKER Richard & Cycley (Address) 700 & north as Baltonel	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Lee . 4 , 1937 Am & Connally Regigar.	(Signed) found a Toulke Culing Com.

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Example I	1	Example II		
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Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN V. S.				
Other contributory causes of importance	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

->	PLACE OF DEAT				823	
/	County Ballet					
	Village or City Ca		-		death occurred in a horpital or institution, give its NAME instead of street and	
	Length of residence in ci	ty or town where dea	ath occurred.	yrs,bmos	ds. How long in U.S. if of foreign birth?yrsn	iosds
2.	FULL NAME	olt leit	6, 1	rottere	If U. S. Veleran, specify WAR	
	(a) Residence: No	818N	Vac		St., Ward.	
			(Usual place		If nonresident give city or town an	d State
	PERSONAL AN		AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	,
3. SE	ale who	ite 1	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Researcher 23 (Month) (Day)	, 193_(Year)
3a, II	f married, widowed, or divo	efeth 6	o. hol	teren	22. 1 HEREBY CERT1FY. That I attended	
6. D	ATE OF BIRTH (month, day	y, end yeer) Me	ay 10.	1861	i last saw h six delive on bee 14 1937.	; death is sale
7. AC	GE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at	
	76	7	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Data dansat
Z	8. Trede, profession, or pe	erticular	2 /		Carona Ilmobasia	Date of enset
OCCUPATION	SAWYER, BOOKKEE	PER, etc.	M. Da		Cerebral Hemonhage	7 340
7	9. Industry or business in work was done, as S	SILK MILL,	1+ .	3	arters Solumis	lust
3	SAW MILL, BANK, e		21 Total ti	me (yeers).		-
ō	this occupation (more year)	nth end 1949	sper	nt in this of Do		
	,,,,,	13014	0000	potition	Other Contributory Causes of importence:	
12. B	STATE (city or town). (State or country)	10 all	ey ore			
20	11 1	10	enry.	encer	4	
1 -	13. NAME (20,6)	ar c.	notell	ner		
LAIH	14. BIRTHPLACE (city or to (State or country)	wn)			Name of operation	
- 1		merc	uare	4	Whet test confirmed diegnosis? Clesarial Wes there en	autopsy?OG
E -	15. MAIDEN NAME	au	Kun	w	23. If death was due to externel causes (VIOLENCE) fill in also the following	_
2	16. BIRTHPLACE (city or to	wп)			Accident, suicide, or homicide? Dete of injury	, 19
=	(State or country)	, de	ruca	ley	Where did injury occur? (Specify city or town, county and Ste	
17. 11	NFORMANT MILLS	clou his	stlan	RX.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ACE.
18. B	BURIAL, CREMATION, OR R			/-	Menner of Injury	
	Piece Dallesi	cearg Cers	Date Die	27/1937	Neture of injury	
(Her 1 12 1	2/2/1	10	9 /	24. Wes disease or injury in any wey related to occupation of deceased?	N.A.
19. 0	(Address)	6,00	erl.	0000	If so, specify	
		Sea	0 00 0	-ace	(Signed) marshall B west	A 8P 4
20. F	TLED LOLA 26	1937 Mar	dall 13	west	(Jigiiou)	

Registrar.

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De livet. Catariero	1101	ed.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
SUREAU V.	3. [1 5 61

Stated EXACTLY. PHYSICIANS successified. Exact statement of OCCUPA-ORD. Every item of infor-I UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be supplied. mation should be carefully TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEA	тн	J1 1/1/11(
	County Balti	imore			Registration Dist. No. 3 c	
1	Village or City	Catonsvi	lle			
	,			(16	f death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in o	cily or town where	deeth occurred	Lyrs,3mos	s24_ds. How long In U.S. If of foreign blrth?yrsm	osds.
2	. FULL NAME	Annie Sm	ith Martin	3	If U. S. Veteran, specify WAR	
	(a) Residence: No.	usinge.	Maryland	Harl	Ward.	
Septions.	0		(Usual place o		If nonresident give city or town and] State
_	PERSONAL AT				MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COL	OR OR RACE	5. SINGLE, MARI	tIED, WIDOWED,	21. DATE OF DEATH	7
	female	white	sing		December 28 (Month) (Day)	., 193(Year)
5a.	If merried, widowed, or div	orced				
	(or) WIFE of		-		22. I HEREBY CERTIFY, That I attended September 3 19.36 to Dec. 28	
			W. b	30 3944		
_	DATE OF BIRTH (month, do	Months	Deys	19, 1844	to have occurred on the dete stated above, et. 1:30 _ Dm. M.	_; death is said
•••	93	10	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	
-		1	9	ormin.	were as Iollows:	Data of onset
NO	8. Trade, profession, or particular kind of work done SAWYER, BOOKKE	. as SPINNER.	houseworl			
OCCUPATION	9. Industry or business I	n which			Arteriosclerotic heart disease b	era. 1936
	work was done, as SAW MILL, BANK,	SILK MILL, etc	home		(coronary sclerosis)	19 18
S	10. Dete deceased last we this occupetion (m	orked at	11. Totel til	ne (years)	Generalized arteriosclerosis	-
_	year)	1-934	ocan	pelionlife		-
12	BIRTHPLACE (city or town	Marv	land		Other Centributery Causes of Importance:	100
	(State or country)	/			Senility	bef. 1936
ER	13. NAME Rober	rt Martin			,	
FATHER	14. BIRTHPLACE (city or 1	unk	nown		Neme of operation_NONE Dele of	~
FA	(State or country)	.owii)	Tu	1	Whet test confirmed diagnosis? Clinical and Wes there an	
ER	15. MAIDEN NAME	Susan	McComas		23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or 1			D-00	Accident, suicide, or homicide?	
M	(Stete or country)	own)@	Tand		Where did Injury occur?	, 17
	INFORMANT Mrs	Chanlas	K Child	ess, cous	(Specify city or town, county and Stary Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PL	te)
17.	(Address) 402	4 Hickor	v Ave. Be	ilto.	Tepecity whether injury occurred in the botter, in flower, of the force of	NOE.
18.	BURIAL, CREMATION, OR				Menner of Injury	
	Plecebethel		Detector	30 ,19/	Neture of Injury	
		361	1 x 8	m.	24. Was disease or Injury In any wey releted to occupation of deceased?	Ono
19.	(Address)	and	11/200	In a.	If so, specify	7-110
	. //	45 J.	0.000		(Signed) Au Larytu	M. D.
20.	FILED LOGG 28	19.5./ M	anskall 1.	Registrar.	(Address) O Ot Mell 1	La al

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
A process and the contract of	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Because and the property of the factor		

STATE OF MARYLAND—CERTIFIC	CATE	OF	DEATH
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12727

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 30
Village or City Latonesultale Manar. Length of residence In city or town where death occurred 10 yrs	No. LENT. AUG-Catows Mayo St., Ward (If death occurred in a horpital or institution, give its NAME indicad of street and number) nos. ds. How long In U.S. If of foreign birth? 30 yrs. mos. ds.
2. FULL NAME Wilhard on Fl. Masy	FECK If U. S. Veteran, specify WAR
(a) Residence: No. LONT BUC: Catowson (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ANNO R. Masureek	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,h ormin. 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and	to have occurred on the date stated above, atAm, The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Only training Carbon Date at onset Date 21 onset
10. Date dacassed last worked at this occupation (month and 1936) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance: Lamen Lube from Exhaust Pipe - To in Scole of Sada
13. NAME HONKY Masukeck 14. BIRTHPLACE (city or town) Gek Many (State or country)	Name of operation What tast confirmed diagnosis? Asslow two Was there an autopsy? Me
15. MAIDEN NAME Bettha Buych 16. BIRTHPLACE (city or town) Set MANY (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Suicide. Date of injury Dec. 17, 19.17. Whare did injury occur? Lis Danase Calemank. Why
17. INFORMANT MASS ANN A R. MASH LEN (Address) KON J AUG. COTON SUITE MANNE 18. BURIAL, CREMATION, OR REMOVAL Place NESTER NI COM. Date Dec. 20/15	(Specify city or town, county and State)
GUNDERTAKER T. B. Oliphest & Soul (Address) Goo Feel and Place	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Nec. 19, 1937 Marshall 13 West Registrar.	(Address) Calonaella Mol

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Cerebral hemorrhage	July 5,1927	Peritonitis 1887 18 270	3 days ago
		QNAID	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Sastroenteritis	1 year

PRITE

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V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			95.60	
County	Baltimore			Registration Dist. No.	
	ity <u>Catonsvi</u> denca In city or town where			No. Spring Grove State Hosp, St, death occurred in a horpital or institution, give its NAME instead of street and n 24 ds How long in U.S. if of foreign birth? yrs. mo	
(a) Residen	ME Hannah M ce; No. 3300 War	wick Aver	nue	If U. S. Veleran, specify WAR	
	altimore, Me.			If nonresident give city or town and : MEDICAL CERTIFICATE OF DEATH	State
3. SEX female	4. COLOR OR RACE white	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH December 2 (Month) (Day)	, 193.7 (Yaar)
5a. If married, widow HUSBAND of (or) WIFE of 6. DATE OF BIRTH	Thomas D.	McCaw	1865	22. I HEREBY CERTIFY, Thet I attended of September 8 ,19 37, to December 2 I lest saw h. er elive on December 2 ,19 37	2 193
7. AGE Yea 72		Days 5	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at. 4.—p. • M. • m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
SAWYER 9. Industry or work wa SAW MII 10. Date deceas this occu	work done, as SPINNER, BOOKKEEPER, atc	sn.	tima (yaars) ent in this		1937
12. BIRTHPLACE (ci	., 01 .0,	gton, D.(J.	Other Contributory Causes of Importance;	
14. BIRTHPLACE		imore, Mo	d •	Name of operation	u'opsy?NO_
	(city or town)Was country) Christine D.	hington,		23. If death wes due to external causes (VIOLENCE) fill in elso the following Accident, suicida, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
(Address) 18. BURIAL, CREMA Place	1912 H St.	Georgeo	shington, D.	Mannar of Injury	
19. UNDERTAKER(Address)	Him for	Paul	4 W H3)	24. Was disease or Injury In any way related to occupation of decased? If so, specify (Signad) (Signad)	mo
20. FILED	7, 19	Contraction of the second	Registrar.	(Address) Spring Grove State Hosn	oital

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

/	ACE OF DEATH ,	·	(131)	*	2 V.
./ Co	unty Baltimo	72		Registration Dist. No.	7
		(le death occurred yrs. mos		St.,stion, give its NAME instead of street and of foreign birth?yrs	
	LL NAME Ruth) Residence: No.	E. Merryce (Usual place of abode)	St., Ward.	specify WAR	d State
PI	ERSONAL AND STATIS		MEDICAL C	ERTIFICATE OF DEATH	III DINC
3. SEX (4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH	(Month) (Day)	7, 193 (Year)
HUSE	cied, widowed, or divorced BAND of Hornes 7	V Menguan	Fit.	CERTIFY, That I attended, 1935, 10.	19
6. DATE C	Yeers Months	Days If LESS then 1 dey,	to heve occurred on the dete stete The PRINCIPAL CAUSE OF DEAT were as follows:	od above, at	; death is s
8. Ti	rade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nong	Chronic	Replietis	
9. In	dustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	<i>\(\)</i>	with sty	putenom	11-29-
5 10. D	ete deceesed test worked al this occupetion (month and yeer)	11. Total time (yeers) spent in this occupetion	Other Contributory Causes of Imp	ortence:	
	IPLACE (city or town) tate or country)	ryland			
13. N	AME Jusias M	allones			
h	IRTHOLACE (city or town)	anyland	Name of operation Whet test confirmed diegnosis?	Clinical Westhere er	autopsy?
프	AIDEN NAME Marth IRTHPLACE (city or town) (State or country)	anyland		uses (VIOLENCE) fill In elso the followl	, 19
17. INFOR	MANT Mus Julius delicas) Uhlace	es med	Specify whether injury occurred i	(Specify city or town, county and Sin INDUSTRY, in HOME, or in PUBLIC F	PLACE.
18. BURIA	L, CREMATION OF THOUSE	Dete De 8 1931	Menner of injury		
19. UNDE	RTAKER Solve & Address) Newson	Typton	24. Was disease or Injury In any v	way releted to occupation of deceased?	0
20. FILED	1 - / 13	6. 6. Fouth M. A. Registrar.	(Signed) Kurry	ensatearl-	mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1:

V. S. No. 1

N. B.—WRITE PLA

PHYSICIANS should state JRD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT R

AGE should be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I		Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	the statement was about him or	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	CFINE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	d down	July 5,1927	Peritonitis	3 days ago
	4 1938			
Other contributory causes of imp	ortance: V. S.		Other contributory causes of importance:	
Gallstones	And the second of the second s	May 1,1923	Gastroenteritis	1 year

ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT I MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PL

V. S. No. 1

	D—CERTIFICATE OF DEATH 12730
1. PLACE OF DEATH	982)
/County_Baltimore	Registration Dist. No.
Village or City Triple Union Park	No. St., Ward
Length of residence in city or town where death occurred Unknawn	(If death occurred in a horpital or institution, give its NAME instead of street and number)mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stephen Michalski	
(a) Residence: No. Maine. Ave. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Married	werd) 21. DATE OF DEATH Word) (Month) (Day) (Par)
5a. If married, widowed, or divorced HUSBAND of XMXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Unknown 1863	I lest sew ham alive on Dec. 6 1937 : deeth is seid
7. AGE Years Months Days If LESS 1 day,	than to have occurred on the date stated above, et. 4
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Unemployed 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation.	Chemi Mysesdelis . Por 2 9-3> Corman Declusion Dec. 17-3>
12. BIRTHPLACE (city or town) Poland (State or country)	Other Coutributory Causes of Importance:
تا اع NAME Lucas Michalski	
13. NAME Lucas Michalski 14. BIRTHPLACE (city or town) Boland (State or country)	Name of operation work Date of
	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME JOZEfa ? 16. BIRTHPLACE (city or town) Poland (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Where did injury gcent?
17. INFORMANT Mrs. Sophia Michalski (Address) Maine Ave. Triple Union Pr	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PISSACTED HEART Of Mary Dec 2/21.	Manner of injury
19. UNDERTAKER Glonge a Weber (Audiess) 705 South Ann Street 20. FILEOFEC. 181, 1927 A. Jamicon L. Region Region Committee Com	24. Wes disease or injury in eny way related to occupation of deceased? No If so, specify (Signed) Truck Unglis M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1 + 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AN 8 10			
Other contributory causes of importance:	(a)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroènteritis	1 year
The second secon			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92.30
county Baltimore	Registration Dist. No.
Village or City Rosedale	No Pine Strove ave, St. Ward
Length of residence in city or town where death occurred mos	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Allman Henry Mohr	
(a) Residence: No. (Ususiplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of COT WIFE of Katherine M. Mohr	22. I HEREBY CERTIFY That I attended deceased from 1937 to less 27 1937
6. DATE OF BIRTH (month, day, and year) March 3 rd 1590	I lest saw h Am alive on Lee 27 1937: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et 8.30 P. m.
47 9 24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Ohnomi Wheumatic Endounts Date glonset
9. Industry or business in which work wes done, as SILK MILL Truck Farms SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Baltingel Co, (State or country) manufand	Other Contributory Causes of importance: Official September Some 18 yrs.
13. NAME Henry M. Mohr	comme manus
13. NAME Servey M. Mohr 14. BIRTHPLACE (city or (wn) Beltimore Co, (State or country)	Name of operation
	What test confirmed diagnosis? William Wes there an au'opsylla
15. MAIDEN NAME aroling Colors 16. BIRTHPLACE (city or town) Caltingory (State or country)	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Paris Nathachine M. Mohr (Address) sine Grove ave arestale	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL PLACEMENT DELECTION 1937	Manner of injury
19. UNDERTAKER TILBRICK Basafons Jours (Addiess) 740 / Belair Road	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO 12/28, 1937 J. A. Frit M. D	(Signed) Manny gridning M. D. (Address) Posedble My.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
**	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

See instructions on back of certificate.

ON is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	2	1	K	2
- dil	-		11	·~

1. PLACE OF DEATH	95E) Bl
County Baltimore	Registration Dist. No. 42
Village or City Lanshowne, 404-3	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	000
2. FULL NAMEDAS herry Bearing / Mu	If U. S. Veteran, specify WAR.
(a) Residence: No. 1913- (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Homele White married "	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Wife of John A. Miller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fel-26-1882	I last saw h_lo_alive on
7. AGE Years Months Days If LESS than 1 day, 2 hrs.	to have occurred on the date stated abova, at
55 9 20 1day, 2.hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, prolassion, or particular	Droncho - Pulumona 12/18/37
kind of work done, as SPINNER, Housewife SAWYER, BODKKEEPER, etc.	(xeconday)
9 Industry or business in which work was done, as SILK MILL, Jun Home SAW MILL, BANK, etc	
10 1D. Date deceased last worked at 12 / 11. Total time (years)	
this occupation (month and year) spent in this type	
12. BIRTHPLACE (city or town) workington, DE	Dther Contributory Causes of Importanca:
(Stata or country)	En Challentities
13. NAME . Suppose Buch	
13. NAME 14. BIRTHPLACE (city or town) Survivor (State of country)	Name of operation None Date of
(State or country)	What test confirmed diagnosis? None Was there an autopsy?
15. MAIDEN NAME Celbra Birch 16. BIRTHPLACE (city or town) Baltimy. Mid.	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Bultmy. Md.	Accident, suicida, or homicide?
State or country)	Where did injury occur? World
17. INFORMANT Nove Person miles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1913-2. 7981-87	None None
Place Place Date 12/7/3737	Manner of Injury Now
DIP. 76 h	Ma/
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
100000000000000000000000000000000000000	(Signed) (Signed) M.D.
20. FILE	(Signed) M. D. (Address) Lawarane Md.
0 pastar.	(

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street far	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributors causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
(1143 m)		.8/	

	SECTION ASSESSED.	Comy
	HEALTH DEPARTMENT	F-CITY OF BALTIMORE
		14636
	CERTIFICAT	E OF DEATH W
	1. PLACE OF DEATH	Registered No. 4
	april 1	(If death occurred in
	CITY OF BALTIMORE: (No. 2000)	Ward) a hospital or institution, give its NAME instead of street and number.)
	Length of residence in elty or town where death occurredyrs,	mosds. How long in U. S. If of foreign birth?yrsmosds.
1	2. FULL NAME Travers O. Z.	If U. S. Veteran
	La FULLY AND TO	specify WAR
	(a) Residence: No. Of our all self	alestick Ward.
	(Usuai place of abode)	(If non-resident give city or town and State)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
certificate	3. SEX 4. Color of Race 5. Single Married, Widowcd, or Divorce (write the word)	21. DATE OF DEATH (month, day, year) / 2/3/ , 19 3
ific	frule While Lind	22. I HEREBY CERTIFY, That I attended deceased from
ert	5a. If married, widowed, or divorced	Det 22, 1930, to De 31, 1937
ot	HUSBAND of (or) WIFE of	I last saw have alive on Que 30 , 1937. Death is said
	6. DATE OF BIRTH (month, day, year) 3- 19 18 532.	to have occurred on the date stated above, at
back	7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
uo	942 9 12 1 day,hrs.	Importance were as follows:
- 1	8. Trade, profession, or particular	arleus Aleionis
instructions	kind of work done, as spinner,	
ruc	9. Industry or business in which	
nst	work was done, as silk mill, saw mill, bank, etc	Other contributory causes of importance:
See i	10. Date deceased last worked at this occupation (month and spent in this	Ollerio Cystelis
Se	year) occupation	Belatual Hydevale
ıt.	12. BIRTHPLACE (city or town)	Was an operation performed?————————————————————————————————————
important.		For what disease or injury?
por	13. NAME Musteuel lumply	Name of operation
im	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Matty Was there an autopsy? 20
very	(State or country)	23. If death was due to external causes (violence) fill ln also the fol-
	E 15. MAIDEN NAME Susanh & Carlo	lowing: Accident, suicide, or homicide?Date of injury, 19
.23	6 16. BIRTHPLACE (city or town)	Where did injury occur?
ATION	(State or country)	(Specify city or town, county, and State) Specify whether injury occurred in industry, In home, or In public
L	17. INFORMANT Many 6 Byone	place
PA	(Address) fruiter O stomar Co	
OCCUP	18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
00	Place attifficed Date 15 18	Nature of injury
	10 MADELLE AND COME AND COME	24. Was disease or lnjury in any way related to occupation of deceased?
	19. UNDERTAKTU (Address) 5305 June 19.	The If so, specify
	6 2 01 6	(Signed) Willard Sparray, M. D.
	20. FILIO	(Address) Habtlas Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business avoid the use of such general terms as "store," "facto., "mill," ctc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. ib 10

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Examples:

	Example II.	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
		-
	Other contributory causes of importance:	
May 1, 1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	1921 July 5, 1927 Peritonitis

mation should I -WRITE P

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		950 000	
County Baltimore	-: 11 -	Registration Dist. No. 50	
Village or City Catons		No. Spring Grove State Hosp. St., If death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city or town who	ere deeth occurred26yrs,6mo	sds. How long in U.S. If of foreign birth?yrsn	nosde.
2. FULL NAME Katheri	ne Nichols	If U. S. Veteran, specify WAR	
(a) Residence: No. 1207 Ed Baltimore,	len Street	St., Ward.	
Baltimore, Md. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS		If nonresident give city or town an	d State
2 CEY A COLOR OR BACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
female white	OR DIVORCED (write the word)	December 22	193 7
344.0	single	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet i attended	
in a training		June 23	
6. DATE OF BIRTH (month, day, end yeer)	August ?, 1876	i lest sew h.er elive on Dec. 22 ,19.35	.; death is said
7. AGE Years Months	Deys If LESS than I dey,hrs.	to heve occurred on the dete steted above, et3:10pm, m The PRINCIPAL CAUSE OF DEATH and related ceuses of importence	- 19
- 1 & Trede, profession, or perticular	ormin.	were es follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	telephone operator Chesapeake & Potome Telephone Company 11. Total time (yeers) spant in this occupation	Subacute bacteriel endocarditis (Streptococcus Viridans)	Oct,193
12. BIRTHPLACE (city or town) Mary	6.55	Other Contributory Causea of Importance:	
(State or country) Language 13. NAME Unknown		Schizophrenia	1910
E 13. NAME OTRITOWI	Mamrland.	Rheumatic heart disease	
I4. BIRTHPLACE (city or town) (State or country)	Waryland	Neme of operation none Dete of What test confirmed diagnosis? clinical and was there an	
	1	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (Stete or country)	Maryland	Accident, suicide, or homicide? Dete of injury	, 19
17. INFORMANT Hospital r	ecords	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE,
18. BURIAL, CREMATION, OF REMOVAL	pote Dec. 25 , 1937	Menner of Injury	••••••
19 INDERTAKER Wan (Address)	The Saul St.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 12 - 24, 1937	He Centrese Registrar.	(Signed) Opherally	wol

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4.1938	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	11 41 A	Other contributory causes of importance:	三土王
Gallstones	May 1,1923	Gastroenteritis	1 year
. n. asBreBre_le Employe			
			E TOTAL TOTAL

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ORD. Every item of infor-Exact Statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RE LAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TARGIN RESERVED -WRITE PLAINLY, WILM

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH & 1273.)	
1. PLACE OF DEATH County S a to	946 136 - 80	
A d	Registration Dist. No.	
Village or City 6	ND. St. Ward If death occurred in a hospital or institution, give its NAME instead of street and number)	
	s ds. How long in U.S. if of foralgn birth?yrs mosds.	
2. FULL NAME Laura nicholson	1020460000000000000000000000000000000000	
(a) Residence: No. Baltimore, Md. (Usual place of abode)	St., Ward. Baltman. M. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word)	21. DATE OF DEATH Significant	
5a. If marriad, widowed, or divorced HUSBAND of		
(or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from 1937 to Occarrie 18 1937	
6. DATE OF BIRTH (month, day, and year) april nothing.	I last saw her alive on DEC13 1937; death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at g elem.	
70 28 1 day,hrs.	meta as follows.	
R Trade profession or particular	Data of oneet	
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Ceronary Breat Succes?	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	1	
10. Date deceased last worked at this occupation (month and spent in this	<i>J</i>	
this occupation (month and year) spent in this occupation		
12. BIRTHPLACE (city or town) 3 alto rue	Dther Contributory Causes of importance:	
W 13. NAME Y aury Nichalagu		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Olinicis Was there an autopsy? No	
15. MAIDEN NAME	23. If daath was due to external causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Data of Injury	
∑ (State or country)	Where did injury occur?	
17. INFORMANT Walter Geard (Address) 4029 to the	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Corporation Date Dec 21,1937	Manner of injury	
19. UNDERTAKER 15 CAMPAGE OF CAMP	24. Was diseasa or Injury in any way related to occupation of deceased? Re	
20, FILED. 1. 20, 19. 3. 1 6. 6. M. O. Jegistrar.	(Signed) A Frennskal M. D. (Address) Persherstonn, md,	
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Br 2110	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923		1 year
		.8/	

See instructions on back of certificate.

TION is very important.

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
EATH		(07·a)	

12736

SIAIL	DI MARTEAND	CERTIFICATE OF BEATT	7 1
1. PLACE OF DEATH		(107 a)	2-
County Ballo		Registration Dist. No.	VV
		ND. S f death occurred in a horpital or institution, give its NAME instead of stree s. ds. How long in U.S. if of foreign birth? yrs.	
2. FULL NAME John & (a) Residence: No. Lyons	Osborn Mills Rd (Usual place of abode)	St., Ward. If nonresident give city or tow	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE Whole 24 hile	5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write tha word)	21. DATE OF DEATH See 16 th	, 193. 7 (Yaar)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I att	
6. DATE OF BIRTH (month, day, and year)	Heril 14 1917	2 / 1 ==	5.7.; death is said
7. AGE Yaars Months 7	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc		Broceto-Puerrana	Date of one et
SAW MILL, BANK, etc	none		
10. Date deceased last worked at this occupation (month and year)	11, Total tima (years) spent in this occupation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Balla (State or country)	, lo	Whiter Pasteralin Sweet	11000
13. NAME John 24 C	Slow		t t
14. BIRTHPLACE (city or town) 13-16 (State or country)	to to	Name of oparetion	re of an autopsy? Xo
15. MAIDEN NAME Clijabe	the moran	23. If daath was due to axternal causes (VIOLENCE) fill in also the fo	llowing:
16. BIRTHPLACE (city or town)Bat	to to	Accident, suicide, or homicide? Date of Injury Whare did Injury occur?	
17, INFORMANT Cycleth (Addrass)	Moran	(Specify city or town, county a Spacify whether injury occurred in INDUSTRY, In HDME, or in PUBL	
18. BURIAL, CREMATION, OR REMOVAL Place Osbury Cam	Date Dec 18, 1937	Manner of injury	
19. UNDERTAKER & Fline (Address) Pustuston	+ Sons n md	24. Wes disaese or injury in any wey related to ofcupation of decease	ed? W
20. FILED \$ CC 17 . 197 & 8	Justice Resident	(Signad) G G Mulhals	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. (If death occurred in hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If U. S. Veteran, specify WAR. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) CERTIFY. That I attanded deceased from to have occurred on the data stated above, ets-The PRINCIPAL CAUSE OF DEATH and releted causas of importance Date of onset What test confirmed diagnosis? Was there an autopsy?_ If death was due to externel causes (VIDLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE. 24. Was dicease or injury in any way related to occupation of deceased?

V. S. No.

BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4 1929	July 5,1927	Perilonilis	3 days ago
CALLAN V. S.			
Other contributory causes of importance:	.a.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN
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iten	sh	Jo	1
WRITE PLAINLY, WITH UNFABING INK-THIS IS A PERMANENT RECORD. Every item	ition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
KD.	YSI	stat	
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¥	Z.	田	
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MA	¥	ass	
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LA	nld	0	ON is very important. See instructions on back of certificate.
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Z Carried and Exception of the Control of the Contr	CERTIFICATE OF DEATH 12738
1. PLACE OF DEATH	
	Registration Dist. No. 30
Village or City Calouselle	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dorothea Pletrens	
(a) Residence: No. 34 Overbook Rd	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That we'll	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
William of felying	, 19, to, 19
6. DATE OF BIRTH (month, day, end year) au 18- 1863.	I last saw h alive on, 19; death is seid
7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date stated above, at / A m.
19 10 20 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Caronary Thrombosis ten
work was done, as SILK MILL, own Home	Museles
10. Dato deceased last worked at this occupation (month and see 8-37) spent in this spent in this occupation.	
12. BIRTHPLACE (city or town). Balla	Other Contributory Causes of importance: Joseph alegal an Bath Noon
(State or country) Red	Joans A Locales
13. NAME John Schulls	Out Arm when
14, BIRTHPLACE (city or town)	Name of operation. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(State or country) Services	What test confirmed diagnosis? Itusta Was there an au'opsy? Wa-
15. MAIDEN NAME Turing and Back	23. If death was due to external causes (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Service	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT See V felling Rd (Address) 34 O New Cook Rd	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lauslyn 17 Date doc 19, 1937	Nature of injury
19. UNDERTAKER Seefl B Coofs (Address) 1005 W Ballo Sh	24. Was disease or injury in any way related to occupation of deceesed?
20. FILEO Dec 9, 1937 Marshall B West Registrar.	(Signed) Marshall Bluest M.D. (Address) Catonwelle Sud
жержи.	

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Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS :	BY	PHYSICIAN
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STATE OF	MARYLAND-	CERTIFICAT	TE OF	DEATH
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1	2	6	,5	1	1
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1. PLACE OF DEATH	107al
County Ballmare	Registration Dist. No. 22
Village or City Freeland Ind. 5	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	2mosds. How long In U.S. if of foralgn blrth?mosds.
2. FULL NAME Adella M. Con	If U. S. Veteran, specify WAR
(a) Residence: No. Thuland, Ha a (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the v	
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of Award Fount.	22. I HEREBY CERTIFY, That I attended deceased from
	67. Hest saw h. er eliva on Secenter 23, 1937; death Is said
7. AGE Yaars Mooths Days If LESS	OF P
70 10 22 Iday,	THE FRINCI AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Housekeefe	v. Bronchopnemoni 12-18.3
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (meth and	<i>U</i>
10. Date deceased last worked at this occupation (mg/th and weer) spent In this yeer) the compation with and spent In this spent	
12. BIRTHPLACE (city or town) Landsville, (State or country)	Other Contributory Causes of importance:
13. NAME Henry Worthington 14. BIRTHPLACE (city or twn) Linknown.	
14. BIRTHPLACE (city or town) Inknown	Name of operation None Data of
(State of country)	What tast confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Angeline Selder	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) Landamanna (State or country)	Accident, suicide, or homlolde?
17. INFORMANT Maye A Shite	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Middle Completed Control of the	Manner of Injury
19. UNDERTAKER PEUDEN & Trake	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? ACC
(Address) Freeland Ind R.D.	If so, specify
20. FILEO DEC 26, 1937 Samuel SMille	(Signad) Allis Schalanoff M.D. (Address) Allis Theedron Ta

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	July 5,1927	Peritonitis	3 days ago
JA: UA:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE O	F DEA	тн			J3I)			
	County	Bal	timore			Registration Dist. No.	10		
/	Village or C	ity	Catonsv	ille		w. Frederick Road	Word		
-						f death occurred in a hospital or institution, give its NAME instead of street (ds. How long In U.S. If of foreign birth?yrs			
						THE RESIDENCE OF THE PROPERTY OF THE PARTY O			
2					an Righter	If U. S. Veteran, specify WAR.			
	(a) Residen	ice: No	Frederick	(Usualplac	atonsville	St., Ward. If nonresident give city or town	and State		
	PERSON	IAL AN	ND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT			
	Female		or or race	S. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH December 16 (Month) (Day)	, 193 7 (Year)		
_	If marriad, widow HUSBAND of (or) WIFE of	ved, or div			100	22.7. I HEREBY CERTIMEY. That I atten	ided deceased from		
			No		26 1971	Howh 1937 1937, to December 12 183			
	GE Yea		ay, and year) NO	Davs	If LESS than	to have occurred on the date stated above, at 8. 40 . P.m.	; death is said		
		66	0	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	14,12,22		
OCCUPATION	8. Trade, profe	ssion, or p	particular	1 20	1 01	wera as follows: Thyo cardutus	Date of one of		
	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife					Endo Randetto	2 stream		
PA	9. Industry or work wa	business i s done, as	n which SILK MILL,			Prasal Khumeter.	-		
SCE	10. Data daceas	LL, BANK, ad last wo	etc orkad at	11, Total	time (years)	-			
0		pation (m		Sp	ent in this cupation				
12.	BIRTHPLACE (ci	ty or town) Maryl	and		Other Contributory Causes of Importance:			
œ		ntry)	John Zi	mmorman		Chrome Situr teal	B Glac		
FATHER	13. NAME			mmer merr		nephritis			
FA		E (city or t r country)	lown)	rvland		Name of operation			
HER	15. MAIDEN NA					23. If death was due to external causes (VIOL ENCE) fill in also the folio			
TH	16. BIRTHPLACE	Caity or t	owa)			Accident, suicide, or homicide? Date of injury			
MOT		country)		ryland		Where did Injury occur?			
17.	INFORMANT _M. (Address)	rs. G	eorge M.	Righter , Catons	sville	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	I State) C PLACE.		
18.	BURIAL, CREMAT	TON, OR	REMOVAL	201		Manner of Injury			
	Placa LOU	don P	ark Cem//	Pata Dec	20 2,19 37	- Nature of Injury			
19	UNDERTAKER (Address)		003 W. Ba	ltimore	St.	24. Wes disease or Injury In eny way related to occupation of deceased If so, specify	?		
20	FILED 12	10	195 7	1/1	due	e (Signad) le W/ Jouelle			
20,	11111	0	3)		Registrar.	(Address) Edmondson Ave., Caton	sville		
			If more	blanks are negated	address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
JAN 4 1929			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	,	77
County fatherine	NE	Registration Dist. No.
Village or City Catous	irlle	No. 5 Osforne Out. St.
	//	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred by vicemo	sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Dale	26./low6	If U. S. Veteran, specify WAR
(a) Residence: No	Corne	St., Ward.
DEDCOMAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATIST		
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DWORCED (write the word)	21. DATE OF DEATH
sauce wurk	Marieg	(Month) (Day) (Yei
5a. If marriad, widowed, of divorced HUSBAND of	1018 -	22. I HEREBY CERTIFY, That I attended deceased
(or) WIFE of Seof	uld out	July 2 13/ 10 DER 14 19
6. DATE OF BIRTH (month, day, end year)	DAX 15 1850	Wast sew h. R. alive on DEC 14 1937; deeth
7. AGE Years Months	Davs If LESS than	to have occurred on the date stated above, et 1/50 A.m.
1701	29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Ormin.	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jause Wila	0 (:1)
9. Industry or business in which	7	Xes luras Unterio beleroses las
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date dacaased last worked at this occupation (month end	11. Total time (yaars) spent in this	
year)	occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	1011	Other Canadionary Canada of Importance.
(State or country)	v eject	
当 13. NAME	-//	
14. BIRTHPLACE (city or town)	Jodg 1	Name of operation 2 2 Date of
(State or country)	000	What tast confirmed diagnosistem Tendus Was there en autopsy?
TIS. MAIDEN NAME	10	23. If death was due to extarnal causes (VIOL ENCE) fill in elso the following:
1S. MAIDEN NAME 16. BIRTHPLACE (gity or town)	Ture!	Accident, suicide, or homicide?
State of country		Where did Injury occur?
17. INFORMANT & Scalle	lel Kours.	(Specify city or yown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address / O Park / Place	Newark 91	
18. BURIAL CREMATION, OR REMOVAL	Yarting Comm	Mannar of injury
Place Coldin Fill Clu	4. gate Dec. 16, 18/3	Nature of injury
Enater)	Says	24. Wes disease or injury In any way releted to occupation of decaesad?
19. UNDERTAKER (Address)	Olla	If so, specify
12/	10/10-	(Signed) SuperMtonEll
20. FILED	Registrar.	(Addrass) Latous ville

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
DEATH.			

-	60			6	
L	6	6	4	4,	_

1. PLACE OF DEATH	983
County 13 altimore	Registration Dist. No. 22
Village or City Gerreson, ma	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 0 611 1 1	ussell If U. S. Veteran, specify WAR
	St. Ward.
(a) Residence: No. Gursia h. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX J 4. COLOR OR RACE OR DIVORCED, (write the word)	21. DATE OF DEATH LECENTLU 5, 193 7 (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of The John William Russell	22. I HEREBY CERTIFY. That I attandad decaasad from 22. 1937 to Sec 5 1937
6. DATE OF BIRTH (month, dey, and year) 25, 1877 7. AGE Years Months Days I LESS than	I last saw h alive on 19 17; death is said to heve occurred on the date steted above, at 10 4 m.
60 6 10 1 dey,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset Nov. 13 137
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sypertensia Teast Disease 2 yrs +
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last workad at this occupation (month and the second in the second	
10. Date decased last worked at this occupation (month and the year) year) 11. Total tima (yeers) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Onanciels Val (State or country) accomes Co.	Other Contributory Causes of Importance:
13. NAME Charles allen	
13. NAME Charles allen 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of What test confirmed diagnosis? Augusta Was there an autopsy? New
15. MAIOEN NAME Elizabeth Scott	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Elizabeth Scott 16. BIRTHPLACE (city or town) Organisch Virginia. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Charles Pursel (Address) Harrison MA.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Onancock Va Date Oss . 7 , 1937	Nature of Injury
19. UNDERTAKER Tambe N. Newrel (Address) 2 fem le med.	24. Was disaase or injury In eny way related to occupation of daceased? 200
20. FILED Dec 5 , 19.37 & Exelus Registrar.	(Signed) T. Errinkar M. O. (Address) Riskursann, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 4 150			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(47TB)	
County /3ALTO		Registration Dist. No. 30	
Village or City CATONSV	1265	" 21/ NO-DOWN FINANT	Ward
Length of residence in city or town where de		ds. How long in U. S. if of loreign birth?yrsmos	ds.
2. FULL NAME John.	Gr. Schwar	If U. S. Veteran, specify WAR	
(a) Residence: No. 316 38	an Dean KAN		
(a) Residence: No. 27/6	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male Mile	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manstell,	21. DATE OF DEATH DEC 27th, 1937 (Month) (Day) (Year	7 ar)
5a. II married, widowed, or divorced HUSBAND of Clara. Sch	waits.	22. I HEREBY CERTIFY That I ettended deceased	
6. DATE OF BIRTH (month, day, end year)	10017 1881	I last saw h_ alive on Oce 25 , 1927; death Is	1
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 130 Fl.m.	
56 1	10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Govern	Carcinomia of Jeney 1/1	onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			37
10:Date deceased last worked at this occupation (month and year)	11. Total tima (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Balt	inione and	Other Contributory Causes of importence:	
	nia ti		
13. NAME JOHN. J.	eqwasez.		
13. NAME JOHN. J. S. 14. BIRTHERACE (city or town)	many	Name of operation Date of Date of What test confirmed diagnosis Claude & Wes there an autopsy?	
15. MAIDEN NAME (SSESSA. JV.	Schlert.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME (SAMA. JV. 16. BIRTHPLACE (city or town) - Ball (State or country)	timicre	Accident, suicide, or homicide? Date ol injury	
(State or country)	Mid-	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT 6/ara 5 Chi (Address) 3/6 Harling	Have Catousvill	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OF REMOVAL Place OLIVINITY PURPLE	Date 12-29-11-39	Manner of injury	
19. UNDERTAKER Mrs Chas a. (Address) 2337 Educar	g. Pohde	24. Wes disease or injury in any way related to occupation of deceased?	
20, FILED 19 19 19 19 19 19 19 19 19 19 19 19 19	Andrew Registrar.	(Signed) AUL Called Address) & 2 HO DS	M. D.
If more b	Killhodes	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	income.

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

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ш	houl	00	
11	50	0	
· Lvery	ICIAN	tement	/
OND	HYS	Sta	
	Y. P.	Exact	
ALLE FLAMELY, WINE ONFADING INA-1 HIS IS A FERMANEAL INCOME. EVERY HEM OF THE	alibn should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	
2	EX	y cl	te.
IN A F	stated	properl	ertifica
CIL	pe	pe	of c
1-4	plnods	it may	n back
5 5 5	AGE	that	ions o
UNFADI	pplied.	terms, so	TON is very important. See instructions on back of certificate.
ı	ly su	lain	See
1	reful	in p	ant.
LLI,	e ca	ATH	nport
ריבו	uld b	DE	ry in
4	shor	OF	s ve
111	ion	SE	Z
7	e	3	10

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	The all the	
County Baltimore Village or City Catonsville	Registration Dist. No. Spring Grove State Hosp. St., No. Spring Grove State Hosp. St., f death occurred in a horpital or institution, give its NAME instead of street and n	Ward ,
Length of residence in city or town where death occurred36yrs3_mos	ds. How long in U.S. if of foralgn blrth?yrsme	sds.
2. FULL NAME Mary P. Shipley	If U. S. Veteran, specify WAR	
(a) Residence: No. 2404 Westwood Avenue Baltimore, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX female white single 4. COLOR OR RACE white single 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	21. DATE OF DEATH December 22 (Month) (Day)	, 193 7 (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended of September 12 19 01 to Dec. 22	deceased from
6. DATE OF BIRTH (month, day, end yeer)	I lest saw h er alive on Dec. 22 1937	: death Is said
7. AGE Yeers Months Days If LESS than 1 dey, hrs. or hrs.	to heve occurred on the dete steted above, at 3:20 a min. The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:	
8. Trade, profession, or particular kind of work done, es SPINNER.		Date of onset
SAWYER, BOOKKEEPER, etc.	Senility bef.	1935
9. Industry or business In which work wes done, as SILK MILL,	Generalized arteriosclerosis "	1937
SAW MILL, BANK, etc 10. Data decessed last worked et this occupation (month and year)	Arteriosclerotic heart disease "	1937
12. BIRTHPLACE (city or town) (State or country)	. Other Contributory Causes of Importence:	
	Fracture of right femur	12-4-37
13. NAME Tyod So hipley	(patient slipped on floor)	- 3
14. BIRTHPLACE (city or town)	Neme of operation	
(State or country)	Whet test confirmed diegnosis?_clinical_and_ Wes there an a	
15. MAIDEN NAME / Newww	23. If deeth was dua to externel causes (VIOL ENCE) fill in also the following	butory
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? _accident_ Dete of Injury_12-4	19_37_
(Steta or country) Co. Co. Cer. / Vigo.	Where did Injury occur? Catonsville Maryland (Specify city or town, county and State	e)
17. INFORMANT AND 4 Des twood and	Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLA Spring Grove State Hospital	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Description Date Dec 24, 19.3	Manner of Injury Patient slipped on wet flo	or
19. UNDERTAKER Set Sittle (Address) 2,7 m) & amondson in	24. Was disease or injury Imany way related to occupation of deceased?	no /
20. FILED 2, 19.5 The level Registrar.	(Signed) (Address) O. Almandel Aux	M. D.
If more blank and least of order have Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UAN 4 1938	July 5,1927	Peritonitis	3 days ago
AU V. S.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-
	77-4 7 3 7		

or- ite	STATE OF MARYLAND—	CERTIFICATE OF DEATH	V/C
sta UP	1. PLACE OF DEATH	940)	40
of of CC	· County Walkerson	Registration Dist. No. 4	
tem of should of OCC	Village or City Hulliston	NoSt.,	Ward
\ = 0		death occurred in a hospital or institution, give its NAME instead of street and number death. How long in U.S. if of foralgn birth?yrsmos	
RD. Every YSICIANS statement			
Ev ICI		If U. S. Veteran, specify WAR.	*****
	(a) Residence: No. Delan (Usual place of abode)	St., Ward. If nonresident give city or town and State	
Fxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Ex.	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	7
G LIN	ma pul maon'	(Month) (Day)	(Year)
MANEN A C T I assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Thet I attended decea	sed from
BIND FERMA EXA y class	(a) migual Stall	Seft 17# 1937, 10 Dec 15-6;	19.32
BI E E E E E E E E E E E E E E E E E E E	6. DATE OF BIRTH (month, day, and year)	I last saw hear alive on Sile 15 ct 1937; dea	th Is said
R A F ed	7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3.1.29 m.	
FOR IS A I stated proper ertifica	33 3 2 01-2-min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	e of onset
- 00	8. Trade, profession, or particular kind of work done, as SPINNER, AND 4 strekelbin	() C	1477
VE TH Id I	SAWYER, BOOKKEEPER, etc	ac grow pecules	93
K—T hould may back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation).	1	6
RESERVEL G INK—THI GE should be that it may be ons on back of			
2 - 0	year) occupation	Other Contributory Causes of importance:	
	12. BIRTHPLACE (city or town) Cally 1990 (State or country)		10 111
ARGIN JNFADI pplied. terms, so instruct	The state of the s	hyracheas huffering &	0,90
	13. NAME Leage //Lover	Name of operation.	23.7.
M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Stata or county)	What test confirmed diagnosis? I was there an autops	sv? La
W. efull in plant.	15. MAIDEN NAME / ary E Toston	23. If death was due to external causes (OLENCE) fill in also the following:	,
Y, Y, are: are H i	16. BIRTHPLAGE (city or town)	Accident, suicide, or homicide? Data of injury,	19
NL NL AT	S (States sountry)	Where did injury occur?(Specify city or town, county and State)	
d b DE y ir	17. INFORMATION WY C Speepe for	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
PL. hould OF D	(Addess) REBURIAL CREMATION, OR REMOVAL MALANICO MA		
ITE IS	1/2 March 10 10 11 11 10 10 10 10 10 10 10 10 10	Manner of injury	
VRI ON ON	of which the state of the state	Nature of injury	
: TOPE	10. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?	
Z CO	10/15 22 5 1 Total	(Signed) Elect 19	M, D
> Z	20. FILED /24/19, 19.3/ D. C. Truty, M. S. Registrar.	(Address) / W. Dreelen accu	/

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 4 1938			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nation should be carefully supplied. V. S. No. 1

	D-CERTIFICATE OF DEATH 12746
1. PLACE OF DEATH	107-03
County Baltimore	Registration Dist. No. 4
Village or City Sparrows Point Md.	NoNorth Pt. & Miller Island, Rd. Ward
Length of residence in city or town where death occurred 27 yrs. 2. FULL NAME Elizabeth Anna Smith	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: NdNorth Pt.& Miller Isls (Usualplace of abode)	and St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (prite the wo	
ia. If married, widowed, or divorcad HUSBAND of (or) WIFE of Ernest P. Smith	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) August 4, 1892	I last saw h elive on
7. AGE Years Months Days If LESS t	
45 4 25 1 dey,mi	
8. Trede, profession, or perticular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupetion (month end year) spent in this occupation.	Celebral Africanting Call Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Baltimore, Md. (Stata or country)	Other Centionery Cases of Importance,
13. NAME William Maibohm	
13. NAME William Maibohm 14. BIRTHPLACE (city or town) Germany (Stale or country)	Name of operation Management Dete of What test confirmed diagnosis? Chini Was there an eulopsy? W.
15. MAIDEN NAME UNKNOWN	23. if death wes due to externet causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
7. INFORMANT Ernest P. Smith (Address) North Pt. & Miller Island	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Qak Lawn Bem Date 1/1/38 1	9 Natura of injury Natura of injury
19. UNDERTAKER Charles & Schemung	24. Was disaase or injury in any wey related to occupation of decaased? MV
20. FILEO 12/31/37, 19 DMCarmin	(Signed) Address) 2322 (allow) asserting.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ano Cercbral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

ż

18, BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Addrass)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10141
- County Balto.	Registration Dist. No. 35
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Veto a Spena	If U. S. Veteran, specify WAR
(a) Residence: No. whitehall (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Year)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded dacaesad from
6. DATE OF BIRTH (month, day, and year) Sept 21, 1913	i last saw h alive on, 19; death is said
7. AGE Years Months Oays If LESS than 1 dey,hrs.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH-end related causes of importance were as follows:
1 2 Trade profession or particular	Amoshage 2
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate daceasad last worked at this occuration from the ad	Shoot Cut
10. Date daceased last worked at this occupation month end year)	auto accident
12. BIRTHPLACE (city or town) Baltmany	Other Contributory Causes of Importance:
(State or country) oc u 13. NAME Cocco Specia	J
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama of operation
15. MAIDEN NAME Missi - Mace	23. If death was dua to axtarnal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Staley (State or country)	Accident, suicide, or homicide? Socidenta. Date of Injury

Registrar. (Address) State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Corosecu

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1939			
Other contributory causes of importance:	1	Other contributory causes of importance:	EFE L
Gallstones	May 1,1923	Gastroenteritis	1 year
		16-51 (1-16-51)	
The state of the s			-

	RD. Ev	INSICI.	statem	
	1	Y. PH	Exact	
MARGIN RESERVED FOR BINDING	TE PLAINLY, WHA UNFADING INK-THIS IS A PERMANENT RECORD. EV	n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	3E OF DEATH in plain terms, so that it may be properly classified. Exact statem	
FOR B	IS A PE	stated E	properly	is vory important See instructions on back of certificate
G	HIS	pe	pe	of,
SERVI	NK-T	plnous	it may	Jack an
A RE	ING I	AGE	that	tione ,
ARGIL	UNFAD	ipplied.	terms, s	inchring
M	M	fully su	n plain	nt Soc
3	NLY,	e care	ATH in	nnorta
	PLAI	l pluod	OF DE	vore in
	TE	n s	SE	

1. PLACE OF DEATH County Coultmore	Pagistration Diet Ma
1 1 1 42	Registration Dist. No.
Village or City Parkshinghis over	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	smosds How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Nelson Shrow	el, ifussoar
(a) Residence: No. Porkheight and	St. Ward.
(Usual place of about	
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (win	it the word) Dec 28 ,1937
o. If married, widowed, or divorced	(Month) (May) (Year)
HUSBANO OF Sarsh 6. Sayne 8	prome Dec 25 1937, to Dec 28 137
DATE OF BIRTH (month, day, and year) Sept 12, 18	1 last saw h/M. alive on DAC 28 , 1837; death is sail
	f LESS than to have occurred on the date stated above, at
	ay,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Oate ol ongel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Rosonasy promoses
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his occupation (months and 192) 11. Total time (y.	
SAW MILL, BANK, etc	
	his Land
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Sallempre	o Hyperlersing asless -
(State or country)	/ sekrono
13. NAME William le . Spron	el,
14. BIRTHPLACE (city or town) Oreland	Name of operationOate of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Clan Baublet	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Balton on a le	Accident, suicide, or homicide?Oate of injury19
(State or country) No.	Where did injury occur?
Plata Sprace.	(Specify city or town, county and State)
(Address) 4206 La Poles	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	sovelle Manner of Injury
Place & race M. D. lens Oate do la ?	modifici of fillary
0/0	7
9. UNDERTAKER John Buns 80	24. Was disease or injury in any way related to occupation of deceased?
(Address) Jowson, Md.	If so, specify
0. FILEO	(Signed) M.
V	Registrar. (Address) Alex less trata negl

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	1 week ago
Run over by street car	1 week ago
Peritonitis	
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

	2	1	-0	1	
r	1	1	12	1	1
Ŀ	~	- 6	T.	0	1

1. PLACE OF DEATH		92-20
County New Battle	Grove Maryland	Registration Dist. No. 4
Village or City	lands and	No. 1. Battle Grove Road St., Ward If death occurred iff a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
(a) Residence: No. New Batt		St., Ward. If u. S. Veteran, specify WAR
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Accender 14 , 193 7 (Month) (Dev) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mary Srame)	c (Nee Kazda)	22. I HEREBY CERTIFY, Thet I ettended deceased from 1937, to Lec. 14, 1932
6. DATE OF BIRTH (month, day, and year) 18	373, mch 18	f lest saw h - o elive on Dec. 13 ,1932; deeth is said
7. AGE Years Months	Deys If LESS then 1 day,hrs	to heve occurred on the dete steted above, et. 8-10A-m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, CESAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupetion 1 1 1 2 e	Chronic Carden Valoula Plesser 3 Não. Mital Garefferer 3 mas. Corter Annofferer 3 mas. Other Contributory Causes of Importance:
f2. BIRTHPLACE (city or town) CZOQN-O (State or country)	ST0A8K18	
13. NAME Ignatius 14. BIRTHPLACE (city or town). Czech		none
(State or country)	oslovakia	Neme of operation Dete of What test confirmed diagnosis? Was there an autopsy? No
置 15. MAIOEN NAME Unknown		23. If death wes due to external causes (VIOL ENGE) fill in elso the following:
15. MAIOEN NAME UNKNOWN 16. BIRTHPLACE (city or town) 0%ec (State or country)		Accident, sulcide, or homicide?
17. INFORMANT Charles Sra (Address) New Battle		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Oak Hill Cem.	Dete 12/17/37,19	Manner of Injury
19. UNDERTAKER Charles E. S. (Address) 2603 E. Madi 20. FILED / 4/6/37, 19. 2077	Schimunek son. St. (CITY) Registrar.	24. Wes disease or injury in any way releted to occupation of deceased? No if so, specify (Signed) Frank Ingular M. D. (Address) 2 Markel St Burdals.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis RECKIVED 3 days ago Other contributory causes of importance: Other contributory causes of importance: BUREAU V. S. Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

County Delicity County State S	1. PLACE OF DEATH	<u> </u>
Length of residence in city or town where death occurred to the country of the National Interest and author) 2. FULL NAME (a) Residence: No. 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED Say II Married, widowed, or diversed from Cryn Wife of Work of Work of Cryn Wife of Work of Work of Cryn Wife of Work of Work of Work of Work of Work of Cryn Wife of Work of Wor	County Delta County	Registration Dist. No.
Langth of residence in city or town where death occurred yrs	Village or City Carrole Stategie	No. 4409 Wilkers arest, Ward
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (e) Residence: No. (e) Residence: No. (e) Residence: No. (f) Residenc		
(a) Residence: No. Grand	n 1 0+-1	10
Cusual place of shodes If noncreticate give city or town and State	2. FULL NAME Caty spice	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SIT married, widowed, or divorced 15. SIT married, widowed, or divorced 15. DATE OF DEATH 22. I HEREBY CERTIFY, Thet I sittanded deceesed from (or) wife of power of the state		2 sque Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sapit married, widowed, or divorced (Unosh) (Only) Sapit married, widowed, or divorced (Unosh) Sapit married, widowed, or divorced (Unosh) (Only) Sapit married, widowed, or divorced (Unosh) (Only) Sapit married, widowed,		
Saft married, widowed, or divorced HUSBAND (Month) (Day) 193 7 104 105 105 105 105 105 105 105 105 105 105		
Same of peration (month) and year) Same of peration (month) Same of peration (month) Same of year)		21. DATE OF DEATHOUR 10 102 7
HUSSAND of (or) WIFE of 1 1 1 1 1 1 1 1 1	James while	(Month) (Day) (Year)
S. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BODNEEPER, etc. 10	HUSBAND of	22 I HEREBY CERTIEV That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I dey, hrs. or min. 8. Trade, profession, or particular fished year dome SAWYER, BDOKKEPER, etc. 9. industry or business in which SAW MILL, BANK, etc. 10. Date decessed last worke at this occupation (month and year) Date of oneet Date of onee	(Or) WIFE OF	
7. AGE Years Months Days If LESS than 1 deyhrs. or	6 DATE OF RIPTH (month day and year) A Occ. 10, 1937	Hast saw h. alive on SIE 10 1937 death is said
1 dey		
8. Trade, profession, or particular in the company of the contributory of business in which was one as SPINNER, SAWYER, BDDKKEPER, etc 9. Industry or business in which was one, as SILK MILL, BANK, etc 110. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATIDN, DR REMOVAL Plage. 19. UNDERTAKER 10. Date of Injury. Nature of Injury. (Signed)		The PRINCIPAL CAUSE OF DEATH and related causes of importance
9. J. J. J. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDYAL Plage 19. UNDERTAKER	8 Trade profession or particular	were as follows:
9. J. J. J. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDYAL Plage 19. UNDERTAKER	kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.	Sull Dan
Description. Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Description. Description. Description. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Description. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Description. Description. Description. Was there an autopsy? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Description. Manner of injury. Nature of injury. Manner of injury. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? (Signed). Description. Manner of injury. Description. Manner of injury. Nature of injury. Nature of injury. Manner of injury. Nature of injury	9. Industry or business in which	
Description. Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Description. Description. Description. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Description. What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Description. Description. Description. Was there an autopsy? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Description. Manner of injury. Nature of injury. Manner of injury. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? (Signed). Description. Manner of injury. Description. Manner of injury. Nature of injury. Nature of injury. Manner of injury. Nature of injury	SAW MILL, BANK, etc	
Description Descr	O 1D. Date deceased last worked at this occupation (month and spent in this	· · · · · · · · · · · · · · · · · · ·
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place 19. UNDERTAKER 10. Olippet 11. Date of Manner of injury Nature of lnjury Nature of lnjury Nature of lnjury in any way related to occupation of deceased? 16. Specify (Signed) Manner of injury in any way related to occupation of deceased? If so, specify If so, specify If so, specify Manner of injury in any way related to occupation of deceased? (Signed) Manner of injury in any way related to occupation of deceased? (Signed) Manner of injury Nature of lnjury Nature of lnjury 19. UNDERTAKER 19. Olippet 20. Olippet 21. Specify Manner of injury Nature of lnjury 19. UNDERTAKER 19. Olippet 19. Olippet 19. Olippet 19. Olippet 19. Olippet 19. Olippet 20. Olippet 21. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) Manner of injury in any way related to occupation of deceased? (Signed) Manner of injury Nature of lnjury Nature		Other Castellaton Course of importance
13. NAME Date of	12. BIRTHPLACE (city or town)	Direct Contributory Causes of Importance.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFDRMANT 18. BURIAL, CREMATIDN, DR REMDVAL 18. BURIAL, CREMATIDN, DR REMDVAL 19. UNDERTAKER 19.		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFDRMANT 18. BURIAL, CREMATIDN, DR REMDVAL 18. BURIAL, CREMATIDN, DR REMDVAL 19. UNDERTAKER 19.	13. NAME Jennis Stickell	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFDRMANT 18. BURIAL, CREMATIDN, DR REMDVAL 18. BURIAL, CREMATIDN, DR REMDVAL 19. UNDERTAKER 19.	TA BIRTHDI ACE (city or town)	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, DR REMDVAL Place 19. UNDERTAKER 19. Unicape 19. UNDERTAKER 19. Unicape 19. Unica	(State or country)	
Where did Injury occur? (Specify city or town, county and State) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, DR REMDVAL Place Place (Address) 24. Was disease or injury In any way related to occupation of deceased? (Address)	IS, MAIDEN NAME	M-
Where did Injury occur? (Specify city or town, county and State) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, DR REMDVAL Place Place (Address) 24. Was disease or injury In any way related to occupation of deceased? (Address)	H JOHN MAN AND AND AND AND AND AND AND AND AND A	
Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, DR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Ulipped 11. INFORMANT (Address) 12. Ulipped 13. Ulipped 14. Was disease or injury In any way related to occupation of deceased? (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 12. Was disease or injury in any way related to occupation of deceased? (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of Injury (Address)	State or country)	
18. BURIAL, CREMATION, DR REMOVAL Place	0- 10-6010	(Specify city or town, county and State)
18. BURIAL, CREMATION, DR REMOVAL Place		
Place Parallel Nature of Injury 19. UNDERTAKER 7: 10. Of is best + Service Science or injury In any way related to occupation of deceased? (Address) 3 - 2 - 10 - 10 - 10 - 10 - 10 - 10 - 10	14 1110 221000	
19. UNDERTAKER 7. 13. Oliphed + Son 24. Was disease or injury In any way related to occupation of deceased? (Address) 3 - England Plane (Signed) Clark Canal M. D. (Signed) Clark Canal M. D.	Plage Landon Horto Dec 11, 193	
(Address) / 300 En taged Place If so, specify (Signed) / White a hard and many	Oxle (B. Michael + 3)	
10/10) 27 Allo Cocolaga (Signed) Kollward a horas and Mo		~
SU EUEU 1003 1 1003 1 100 1 100 100 100 100 100	Policy and Alla Constance	- (() -
Resistrar. (Address) 12-14 Fr th rightle bulleten	20. FILED PROSTORY	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 4 1938			
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I HOLD

PHYSICIANS should state ORD. Every item of infor-USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT I MARGIN RESERVED FOR BINDING aften should be carefully supplied. -WRITE PL

ż

1. PLACE OF DEATH County atturions	Registration Dist. No. 30
6.11-	10000. (1)16
	No. St., Ward If death occurred in a hospital or institution, give its NAME, instead of street and number) s. ds. How long In U.S. if of foreign birth?yrsmosds
711 11 11	
2. FULL NAME William House	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR, RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (work the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBANG of (or) WEE of will Elemabeth Stark	22. HEREBY CERTIFY, That I attended deceased from
	I last saw h alive on Dec 2 7 1937 death is sal
DATE OF BIRTH (month, day, and year) AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 1/5 Pt. m.
about 74 enknown I day, hrs	
8. Trade, profession, or perticular kind of work done, as SPINNER, selfel Spulling, SAWYER, BOOKKEEPER, etc.	Respirition Heart Susure 1936
9. Industry or business in which work was done, as SILK will work was done, as SILK will work as a silk wi	
10. Date deceased last worked at this occupation (month and 3 5 11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) / lettleway (State or country)	Other Contributory Causes of Importance:
13. NAME fluturoun	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Cultury	What test confirmed diagnosis? Was there an autopsy? No
16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
7. INFORMANT M. Frank Syveels	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Colla Vill 8. BURIAL, CREMATION, OR REMOVAL	
Place A While leg Date All 30, 193.	Manner of injury
9. UNDERTAKER // Euston Love	24. Was disease or injury In any way related to occupation of deceased?
(Address) Clearly Coly	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1 30				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

7	1)	-	2 %	4)
1	4	6	U	~

1, PLACE OF DEATH			95.E) BC	
County Baltimore	************		Registration Dist. No. 30)
Village or City Catonsvill	e, Nd.		NoSt.,	Ward
Spring Gro Langth of rasidanca in city or town whara	ve State	Hospital (III	No. St., death occurred in a horpital or institution, give its NAME instead of street and s. 17 ds. How long in U.S. If of foreign birth? yrs. me	osds.
2. FULL NAME Joseph			If U. S. Veteran, specify WAR	
(a) Residence: No. 802 S. B				
PERSONAL AND STATIST			If nonresident give city or town and	State
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	
Maie White	Separ		December 23.	, 193.7 (Year)
5a. If married, widowad, or divorced HUSBAND of			22. I HEREBY CERTIFY. That I attended	decassad from
(or) WIFE of Unkno	wn		December 8, 1937 to December 23	
6. DATE OF BIRTH (month, day, and year)	1869		I last saw h_im_ aliva on December 22,, 19.37	_; death is said
7. AGE Yaars Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at .6.2.458 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	T - h			
9 Industry or business In which	Laborer		Cerebral Hemorrhage ? Dec.	
work was dona, as SILK MILL, SAW MILL, BANK, atc.	Unknown		Arteriosclerotic heart disease Before Generalized arteriosclerosis Before	
10. Date decaased last worked at this occupation (month and year)	11. Total t 52. spa	tima (years) ent in this 50 ?		
12. BIRTHPLACE (city or town)PO	land		Other Centributary Causes of Importance: Senile Psychosis Before	re.1937.
置 13. NAME Unknown				
13. NAME Unknown 14. BIRTHPLACE (city or town)	known		Nama of operation NO Data of	
(State of country)			What tast confirmed diagnosis?Clinical Was there an	
15. MAIDEN NAME Unknow 16. BIRTHPLACE (city or town)			23. If death was dua to external causes (VIOLENCE) fill in also the following Accidant, suicide, or homicide? NO Date of Injury NQ.	
16, BIRTHPLACE (city or town)U.D. (Stata or country)	known		Where did brings accur? None	
17. INFORMANT Sister, Nrs.			(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) LACE.
(Address) 802 S. Bond 18. BURIAL, CREMATION, OR REMOVAL	Street, B	alto., Md.	Mennar of Injury None	
Place Holy Acousy	Data D. 7.1	24,19.57	Natura of injury None	
19. UNDERTAKER tred W ((Address) 1930 R	De aza	waks:	24. Was disease or injuly in any way related to occupation of deceased?	No
20. FILED 12/2-3-1937	Color	dust.	(Signad) Muy with	M. D.
If mor	Astan Valengales,	address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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i	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
		•	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	000		
FOR FURTH	ER STATEMENTS BY PHYSICIAN 20	1927 1910	
	1915 1921 July 5,1927 May 1,1923	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

1. PLACE OF DEAT		F MAR	YLAND-	CERTIFICATE OF DEATH 127	5.3
County Baltin	nore			Registration Dist. No. 3/	
Village or City Gr					Was
		ath occurrad L	if 🚱 s mos	NoSt., death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	_War
2. FULL NAME J	ames C.	Taggart	t	If U. S. Veteran, specify WAR	
(a) Residence: No				St., Ward. If nonresident give city or town and State	
PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Who	ite	s. single, mar or divorcei Marrie	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH December 10 , 193.3 (Month) (Day) (Yes	oar)
HUSBAND of (or) WIFE of	la V. Ta	ggart		22. I HEREBY CERTIFY. That I attended dacasse Dec. 3 ,19.32, to Dec. 12 ,19	32.
6. DATE OF BIRTH (month, de)	, and year) Jul	y 1,185	8	i lest sew has elive on Der 9 ,1932; daath	is sa
7. AGE Yeers 79	Months 4	Days	if LESS then I dey,hrs. ormin,	to heve occurred on the dete steted above, at3_Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
kind of work done, SAWYER, BOOKKEE 9. Iadustry or business in work was done, as S SAW MILL, BANK, e 10. Date deceased lest wor this occupetion (mor	which SILK MILL, St.	ationar	y ma (years) thin this 40	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	Maryla	nd			
E 13. NAME Rober	t Tagga	rt			
14. BIRTHPLACE (city or to (State or country)	wn) : Irela	nd		Neme of operation Data of What test confirmed diagnosis? Was there an autopsy?	
置 15. MAIDEN NAME Ja	ne Mc.B	ride		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Ja 16. BIRTHPLACE (city or to (State or country)	wn). Irelai	nd		Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?	l
17. INFORMANT MISS.E. (Addrass)	dna Tag			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR R Granite Presb	EMOVAL		12th.,1937	Menner of injury	
19. UNDERTAKER (Addrass) Sey	Kany	Her		24. Was diseesa or Injury in any way related to occupation of deceased?	
20. FILER Dec 11 , 1	939 Wn	16 mo	rtui	(Signed) Mrs. L. Mallilly.	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 5 1008				
Other contributory causes of importance: V. S		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL CDACE FOR EUDTHER CTATEMENTS BY DHYSICIAN

ADDITIONAL	SI ACE FOR	outilities 5	IAIIMENIO.	DI IIIISI	JIMIY

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Baltemore	Registration Dist. No. 30
Village or City Pasing Chone Horaital	Carolorsa selle St., Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
	:
2. FULL NAME Adolf . Thiel,	If U. S. Veteran, specify WAR
(a) Residence: No. 2019 N. Bostalou (Usual place of abode) Rock	St., Ward, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Recember 75, 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrial & Thiel	22. I HEREBY CERTIFY, That I attended deceased from Hugust 1 1933, to Alexander 75, 1937
6. DATE OF BIRTH (month, dey, and yeer) Hug. 19 1869 7. AGE Years Months Days If LESS then	I lest saw h Access elive on Dec 2.5 , 1992; death is said to heve occurred on the dete steted above, at 0.5 p.m.
90 4 5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
S. Trade, profession, or perticular kind of work done, as SPINNER, Railroad Maclanic SAWYER, BDOKKEEPER, etc.	Chronic Myseardelin with
kind of work done, as SPINNER, Reulzoad Maclanic SAWYER, BDOKKEEPER, etc	assicular fabrillation Bopy 1937
this occupation (month and 433 spant in this year)	Other Contributory Causes of importence;
12. BIRTHPLACE (city or town) July (State or country)	Similate Box 1932
13. NAME Daniel Thiel	
14. BIRTHPLACE (city or town) Paland (State or country)	Name of operation Dete of Whet test confirmed diagnosis Clary & And West there en autopsy? View
15. MAIDEN NAME Christens Gonter 16. BIRTHPLACE (city or town). Paland (State or equality)	23. If death was due to externel causes (VIOLENCE) fill in also the following: No Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT MAN Hamaly S. Jack	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Soundary Park. Dete & 20 28,1937.	Menner of injury
19. UNDERTAKER Sep M. Little.	24. Was disease or injury in any Pay releted to occupation of deceased? No
20. FILED Registrar.	(Signed) John of Mukh M.
If more Ball of more Ball and market State Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
30, 10, AL V 5.			
Other contributory causes of importance:		Other contributory causes of importance:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OT . TE	0=	MADVI	ANID	CEDTIEL	CATE	OF	DEATH
SIAIL	OF	MARYL	AND-	CERTIFI	CAIL	UF	DEATH

1	63	75,	Bell	10	
1	2	6	()	11	

1. PLACE OF DEATH	<u></u>
County Daltamore	Registration Dist. No. 33
Village or City W Suite Hall mol.	P. Mo. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca in city or town where deeth occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME It ester Ann In	U. S. Veteran, specify WAR
(a) Residence: No. M. Male Land, Male (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mathias Thomas.	22. I HEREBY CERTIFY. That I attended daceased from Janu - 1 - 1937, to All C. 26 - 1937
6. DATE OF BIRTH (month, day, and year) February 5, 1864	Most saw h M aliva on Alice 24, 19.37; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the dele stated above, at 1.1.25 m.
73 10 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca wara as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Michael Regungatalini
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc.	
year) occupation	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) I Alland	7, 6, 1
(State or country)	Chleria Ochrosis
13. NAME Aferander Leys.	
14. BIRTHPLACE (city or town) - I sellaford	Name of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Cley Valmer.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME (Len Caloner). 16. BIRTHPLACE (city or town). 1. The Land, Jan.	Accidant, sulcide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT A A Back Back Back Back Back Back Back Back	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placet recland, Balto. Co. Md. Date /2/2-9/ 1937	Nature of injury
19. UNDERTAKER REuben N. Jaaken	24. Wes diseasa or injury in any way related to occupation of deceased?
(Address) The length of the state of the sta	If so, specify
20. FILED Vee 27, 1937 Cokesks & Feelow	(Signed) New Transform Var M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
X 3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	I year	
		14 %	4	
	ال		1 1	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	ACE OF DEA				(23)	
/		imore It. Wils	son	(#	Mt. Wilson Branch, Dist No. 3> NoTuberculosis Sanatorium St., f death occurred in a hospital or institution, give its NAME instead of street and street an	Ward number)
					sds. How long in U.S. if of foreign birth?Q_L_yrs	.mosds.
	JLL NAME a) Residence: No.				If U. S. Veteran, specify WAR	and State
F	PERSONAL AN	ID STATIST			MEDICAL CERTIFICATE OF DEATH	
s. sex Mal	e I	or or race White	OR DIVORCE	RIED, WIDOWED, D (write the word) Cried	21. DATE OF DEATH December 11 (Month) (Day)	, 193
5a. If ma HUS (or)	rried, widowed, or divention of Mrs	. Agnes	Tierney	7	22. I HEREBY CERTIFY, That lattender October 2 1937, to December	
6. DATE	OF BIRTH (month, de	y, and year) Ju	aly 21,	1884		7.; death is said
7. AGE	Yeers 53	Months 4	Days 20	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at .5 45Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
CUPATION	(rade, profession, or p kind of work done, SAWYER, BOOKKE industry or business i work was done, as SAW MILL, BANK, Date deceesed last wo this occupation (mo year)	, as SPINNER, EPER, etc	Brakemar Railroad 11.Totelt 32.7 000		Pulmonary Tuberculosis	0ct. 1936
(HPLACE (city or town) State or country)	I I	own, reland. rney,		Other Contributory Causes of Importance: Pulmonary Hemorrhage	Dec.
FATH 14. E	NAME Mar BIRTHPLACE (city or t (State or country)		rney, known, Ireland	i .	Name of operation None Date of What test confirmed diagnosis? X-ray, and Was there, a	
E -	MAIDEN NAME BIRTHPLACE (city or to (State or country)	T	t McHele Jnknown Irela		What test confirmed diagnosis? X-TAY, and Was there a CUDETCLE DECILL WE'FE FOUND 1. 23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
(RMANT J. F. Address) M AL, CREMATION, OR	t. Wilso	alding, on, Md.		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
F	lece Cathed:	ral Cem			Nature of injury	. N
(ertaker Char. Address) 1501	E. For	t Ave.,	Balto.,Md) No
20. FILE	Dec. 11,	1957	Trank	Spelding Madde	(Signed) Mt. Wilson, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Con	
Other contributory causes of importance:	TepsTU III	Other contributory cruses of importance:	100
Gallstones	May 1,1923		1 year
	*-P-1	RR 1937	
			1

medion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED WRITE PLAINLY, WITH

V. S. No.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
county 19 altime	Registration Dist, No.
Village or City Deer Park.	No. St. Ward
X1	If death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Elizabeth Cucha Jell	man.
(a) Residence: No. Morre	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Findle While OR DIVORCED (write the word)	Dee 16, 193.7
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Evilleam I I Mlman	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Febr 11 . 1869	I last saw here alive on Dec 16 ,19 37; death is sain
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, atm.
68 10 4 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
SAWYER, BOOKKEEPER, etc	(Inguniona // Proneficial
work was done, as SILK MILL, SAW MILL, BANK, etc	Denums of neces
10. Date deceased last worked at this occupation (month and part occupation) 11. Total time (years) spant in this occupation occupation.	
Aug Pook	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 2 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	myo cardetis o prome
13. NAME Henry y of	
13. NAME Henry of the 14. BIRTHPLACE (city or town) Atolland	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary and Fredericks	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Margaret Fredericks 16. BIRTHPLACE (city or town) Dermany. (State or country)	Accident, suicide, or homicide?
Man T T Manage	Where did injury occur? (Specify city or town, county and State)
(Address) Deer Park.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Park Com: Dec 19 37	Manner of Injury
Place Date 7, 19	Nature of injury
19. UNDERTAKER Em: Berry man t form	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILEDOLLE 20., 1937 J. Rowe Rich Registrar.	(Signed) James A Caffell M. I
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

12757

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related raises of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage IAN 5 19.8	July 5,1927	Peritonitis	3 days ago
BUXEAU Y. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			*

County Baltimans Village or City Chris		Registration Dist. No.	3
Village or City Chris			d
Langth of residence in city or town		No. St.,	
2. FULL NAME Dozi (a) Residence: No. 725	thy Gruss kows. Id. most ford as	Ka - If U. S. Veteran, specify WAR	•••••
PERSONAL AND STA	TISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RA		21. DATE OF DEATH (Month) (Day)	, 193 7
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended Nec. 6, 19.3.7. to Sec. 1	
6. DATE OF BIRTH (month, day, and year	march 30, 1929	l last saw h aliva on Det 12, 1937	/
7. AGE Years Mor	ths Days If LESS than 1 day,hrs	to have occurred on the dete stated above, et	
2 Trade profession or particular	O. A. President	were as follows:	Date of ons
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	ER, State Graveing School, Ownigs Mills, Med. 11. Total tima (years)	(Mrmel) Pneumonia	12/11/
this occupation (month end year)	spent in this occupation.	Other Coatributary Causes of Importance:	~ ~~~~
(State or country)		Microcephaly week athelorie	-
13. NAME John In	negkowska	and ghadfiplegia (Idiot).	Con
I4. BIRTHPLACE (city or town)	Land	Nama of operation Data of Data	
201	Same	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	lund	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
17. INFORMANT Quelitut (Address)	innet //searchs	Where dld Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR DEMOVAL.	Sews Date 14 37	Menner ol Injury	
19. UNDERTAKER (Address) 2 SII 4	Dudo	24. Was disease or injury in any wey related to occupation of deceased?	no.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Do The	`
		B B	
Other contributory causes of importance:	1	Other contributor, cause of importance: Gastroenteritis	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Y 0 /	

1	/	S	TATE C	F MAR	YLAND-	CERTIFICATE OF	DEATH
1	PLACE O	F DEAT	TH			46-8	
/	County	Balti	more			Re	egistration Dist. N
	Village or	CityV	loodlawn		(li	No. 4 Gwynndale Av death occurred in a horpital or institution, gi	e . ve its NAME instead
2	. FULL NA	ME	Martha	T. Turne	r	If U. S. Veteran, specif	y WAR
	(a) Reside	nce: No.4_	Gwyndale	Qualplace	oodlawn	St., Ward.	nonresident give cit
	PERSOI	VAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERT	IFICATE OF
3. SEX 4. COLOR OR RACE Female White				RIED, WIDOWED. D (write tha word) Wed	21. DATE OF DEATH December	20 (I	
5a.	If married, wido HUSBAND of (or) WIFE of		liam K.	Turner		22. I HEREBY CE	2, to Dec
6. 1	DATE OF BIRTH	(month, day	, end year) Aa	arch 1, 1	873	I last saw her allve on Se	C-18 12
7. /	AGE Ye	ars 64	Months 9	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above The PRINCIPAL CAUSE OF DEATH end were as follows:	
OCCUPATION	9. Industry or	work done, a R, BDOKKEE	es SPINNER, PER, etc which	None		I - Barcinoma	- of the
occu	10. Date decea	LL, BANK, e sad last wor upation (mon	tc ked at ith end	11. Total t	ime (years) nt in this upation	-	
12.		ity or town).	Phi	ladelphia Pa		Other Contributory Causes of Importance	Mansa
ER	13. NAME	Da	aniel Tho	1			
FATHER	14. BIRTHPLACE (city or town) (State or country) England					Name of operation	- Plus -
ER	15. MAIDEN N	AME	Mary A	?	23. If death was due to external causes (V		
MOTH	16, BIRTHPLAC	E (city or to		land	***************************************	Accident, suicide, or homicide?	Date of
17	INFORMANT	r J	Heber A	shmead		(S _I Specify whether injury occurred in INDU	pecify city or town, o ISTRY, In HOME, or

12759

1					
1. PLACE	OF DEATH			468	
County_	Baltimore			Registration Dist. No.	20
Village o	r City Woodlawn			No. 4 Gwynndale Ave. s	t., Ward
Length of	residenca in city or town where	death occurred		death occurred in a horpital or institution, give its NAME instead of stree	
	IAME Martha			If U. S. Veteran, specify WAR	
				St., Ward.	
	dence: No.4 Gwyndal			If nonresident give city or tow	
	DNAL AND STATIST			MEDICAL CERTIFICATE OF DEA	ГН
sex Female	4. COLOR OR RACE White		RIED, WIDOWED, D (write tha word) Wed	21. DATE OF DEATH December 20 (Month) (Day)	, 193
HUSBAND of (or) WIFE or		Turner		22. I HEREBY CERTIFY That I att	ended deceased from
DATE OF BIRT	(H (month, day, end year)	arch 1, 1	873	I last saw h. er allve on dec. 18 th 19	3.)_; death is said
	Years Months	Days	If LESS than	to have occurred on the date stated above, at 11:30 Am.	
	64 9	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:	Date of onset
8. Trade, pr	ofession, or particular of work done, as SPINNER, YER, BDOKKEEPER, etc	None		7-0-4	
9 Industry	or husiness in which	MOHE		2 - Oaremornay of the	1 1111
Work	was dona, as SILK MILL, MILL, BANK, etc			Juna y	- Jun
this o	easad last worked at ccupation (month end	11. Total 1 spa oc:	ime (years) nt in this upation		
2. BIRTHPLACE (State or o	(0.0) 0. (0.111)2222222222	ladelphia Pa.		Other Contributory Causes of Importance:	6 months
13. NAME	Daniel Th	ornson		/1	
14. BIRTHPL	ACE (city or town)			Name of operation	le of
(State	e or country)	ngland		What test confirmed diagnosis? X - DRung - Was the	re an europsy? ho
15. MAIDEN	NAME Mary A	?		23. If death was due to external causes (VIOLENCE) of In also tha fo	
	ACE (city or town) Engl	land	******************	Accident, suicide, or homicide? Date of injury Where did Injury occur?	
7. INFORMANT . (Address)	Mr J Heber A 4 Gwynndale Av		nore	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) .IC PLACE.
B. BURIAL, CREM	nation, or removal	Pato Dec.	22 / 19 37	Manner of Injury	
9. UNDERTAKER (Address)		ltimore S	H.	24. Was disease or injury in any way ralated to occupation of decease	1
O. FILED.	2 1 1937 A	Holas	Registrar.	(Signed) 4108 Liberty Heights	M. D.
	If mor	e blanks are fredes,	addres State Registrar,	, 2422 N. Charles Street, Balsimore, Requesting U. S. No. 2.	
		,	1 /		

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Chronic interstitial nephritis 1AM 4 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUNEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state odD. Every item of infor-Exact statement of OCCUPA-UNFADING INK—THIS IS A PERMANENT R CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important. -WRITE PLA

MARGIN RESERVED FOR BINDING

S. No. 1

County Baltimore			WK (U)	Registration Dist.	No. 3
Village or City Ruy ton	<u></u>	ND. death occurred in a hospital or inst		C4 War	
Length of residence in city or town where	death occurredyrs				yrsd
2. FULL NAME Clisa	Ason yes	Jana.	der Poel H U. S. Vetera		
(a) Residence: No Chelsea	M	PI P	-	, specify wat	
(a) Residence. No Asia Control	Usaai place of abod	e)	Ward.	If nonresident give c	ity or town and State
PERSONAL AND STATIST	ICAL PARTICUL	MEDICAL	CERTIFICATE OF	DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, V OR DIVORCED (write	21. DATE OF DEATH	Ment ar	9 - ,193 37	
ia. If married, widowed, or divorced	- Mario			(Month)	(Day) (Yeer)
(or) WIFE of Lat Conquetus	Harrison Par	e	22. IHEREB	Y CERTIFY, I	hat I attended deceesed from 193)
B. DATE OF BIRTH (month, dey, end yeer)	ntui		I last saw h & elive on	Dec. 9th	, 1937; death is sa
. AGE Yeers Months		LESS then	to heve occurred on the dete sto	eted above, et 2 P.	m.
which 74		y,hrs.	The PRINCIPAL CAUSE OF DE were es follows:		mportance
8. Trade, profession, or perticuter			word of follows.		Date of one
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	4 Hours		Arterial Styl	entinsion	1927
9. Industry or business in which work wes done, as SILK MILL.			//		
SAWYER, BODKKEEPER, etc	1 11 7-1-14	>			
this occupetion (month and year)	11. Total time (ye spant in the occupation	is			
year)	occupation		Other Contributory Causes of Im	portence:	
2. BIRTHPLACE (city or town)	Mid	,	1		
(State or country)	more ma		Cerchel Ajople	49	6 Bc 9
13. NAME George R. Sua 14. BIRTHPLACE (city or town)	uges				
14. BIRTHPLACE (city or town)	9/1	/	Name of operation	11:	Date of
(State of country)	mose mu		Whet test confirmed diagnosis?.		Wes there en autopsy?_/2
15. MAIDEN NAME Persogen	Raymor		23. if deeth wes due to externel o		
15. MAIDEN NAME Turo general 16. BIRTHPLACE (city or town)	- 9/		Accident, suicide, or homicide?		
(State or country)	Dille		Where did injury occur?	(Specify city or town,	, county and State)
7. INFORMANT	Alue		Specify whether Injury occurred	in INDUSTRY, in HOME, o	r in PUBLIC PLACE.
8, BURIAL, CREMATION, OR REMOVAL	md				
Piece Allumous	- Dete Loce 11	1937	Menner of Injury		
St Call o		, 131-/	Neture of injury		7
19. UNDERTAKE SUMP Meleis	under La	-	24. Wes diseese or injury in any	wey releted to occupation	of deceesed? No
(Address) (Address	Mes bollos	eal st	if so, specify	in Dalary	
20. FILED CC 10 1937 CD.	Elevel Kax	Hom	(Signed)	Plany	3 M
			(Address)		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1938	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAnation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

1. PLACE OF DEAT				181).	
County Balt:				Registration Dist. No. 31	
Village or CityRo	ockdale		/10	No. St., death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
			9yrs,mos	death occurred in a horpital of institution, give its IVAIVE, instead of street and nur.	nber)
2. FULL NAME				If U. S. Veteran, specify WAR	
(a) Residence: No.L.	iberty	Road • ne		18 Std. Ward. If conresident give city or town and St	ate
PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	R OR RACE	OR DIVORCI	RRIED, WIDOWED, ED (write the word) ried	21. DATE OF DEATH DEC 10 1937	93
5a, If merried, widowed, or divo			4 400	\(\frac{\partial}{2}{2}\)	(Yeer)
(or) WIFE of An	na Wate	rman.		22. HEREBY CERTIFY, That I ettended de	
			7000	101.13 ,1937,10 0 200 10	
6. DATE OF BIRTH (month, dey 7. AGE Yeers	months	nuary L	1866	I lest saw have alive on AEC 9, 19 37,	leeth is said
			1 dey,hrs.	to have occurred on the date stated above, at	
71 8. Trede, profession, or pe	rticular	1 9	ormin.	were as follows:	Date of onset
kind of work done, SAWYER, BOOKKEE	as SPINNER.	Retire	d	Ohn, Vahrelen Heart Disson	193
kind of work done, SAWYER, BOOKKEE 9. Industry or business in work wes done, es SAW MILL, BANK, et SAW MILL, BANK, et Do. Date deceesed last work	ILK MILL.			A	
SAW MILL, BANK, e	ked et	11 Total	time (years)	Chr. Interstelled Methrites	193
this occupetion are year)	th and	Spi	ent in this 30 yr	3	
				Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town) (Stete or country)	Baltimo	re City		(October Thompsin	13/2/
1 13. NAME Henry	v Water	man.		Carrie Vyyoursand	1-1/0
				Name of operation.	
14. BIRTHPLACE (city or to (Stete or country)	Ger	many		Whet test confirmed diegnosist Agricul Grow Westhere en aut	nnev? Zu
15. MAIDEN NAME		archer.		23. If death was due to external causes (VIOLENCE) fill In also the following:	7psy:
15. MAIDEN NAME 16. BIRTHPLACE (city or to	wn)			Accident, sulcide, or homicide? Dete of Injury	, 19
(Stete or country)	G	ermany	•	Where did Injury occur?	
	Anna W	aterman d	9	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR R	EMOVAL	1)-(13 1937	Manner of Injury	
Place Druid I	Ridge	Date	, 19	Nature of injury	
19. UNDERTAKER CE	2-160	Sule		24. Was disease or injury In eny wey related to occupation of deceased?	20
(Address) 2700	Edmond	son Ave	4	If so, specify	
20. FILED Dec 11	937 & 7	nielon C	Sin	(Signed) Jacob John	
, ,	0		Registrar.	(Address) 1663 W North Un. 121	Us. m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MALAU V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

(Address)

19. UNOERTAKER (Address)

MOLL

18. BURIAL, CREMATION, OR REMOVAL

BINDING

RESERVED

IARGIN

24. Was disease or injury in any way related to occupation of deceasad?. If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Natura of injury

Manner of Injury

Oate of onsat

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

	ITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT R (D. Every item of infor-	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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7	PL	houl	OF	104
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STATE OF MARYLAND-CERTIFICATE OF DEATH

Village or City. Catons ville	1	1. PLACE OF DEATH County Baltime	ore			Registration Dist. No.	2		
(a) Residence: No. Mount Ranier, Maryland (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Committee word) Set II married, widowed, or diverced HUSSAND of Original Control of		Village or City Cate	onsville		(If 10.yrs, 6. mos	No. Spring Grove St. Hospital St, death occurred in a hospital or institution, give its NAME instead of street and n			
(a) Residence: No. Mount Ranier, Maryland (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Committee word) Set II married, widowed, or diverced HUSSAND of Original Control of	1	2. FULL NAME Ma:	rv Rober	ts Wat	hen	If II. S. Veteran specify WAR			
PERSONAL AND STATISTICAL PARTICULARS 1.SEX 4. COLOR OR RACE S. SINGLE, MARRED, WIDOWED, OR DIVORCED (DAY) (Veer) 19.37 19.						St., Ward.			
Female white OR DIVORCED (ceptic the word) 5. If married, widowed, or divorced HUSBADO (Day) Fig. 1 In the properties of the word of the properties of the prope	stellers					MEDICAL CERTIFICATE OF DEATH			
59. If married, widowed, or diverced HUSBAND of of, or diverced HUSBAND of of, or diverced HUSBAND of of, or diverced HUSBAND of or diversity with the property of of or diversity with the property of or diversity of the property of the pr	3.	I TO BOX OIL	RACE S.	SINGLE, MAR OR DIVORCE S1	RIED, WIDOWED, D (write the word) ng 10	December 28			
5. DATE OF BIRTII (month, day, end yeer) 7. AGE Yeers Months Popus 1 ILESS than 1 to have occurred on the date stated above, at 91.35 pm. month 1 to have occurred on the date stated abo	5a.	HUSBAND of				22. I HEREBY CERTIFY, Thet i attended	deceased from		
T. AGE Yeers Months? ? IT LESS than ? ? The PRINCIPAL CAUSE OF DEATH and releted course of Importance were as follows: 8. Trede, profession, or perticuler seems tress 9. Judget seems tre	6.	DATE OF BIRTII (month, dev. end v	veer) unk	nown		liest saw h er alive on Dec. 28 19.37	; death is said		
S. Trade, profession, or perticular kind of work done, as SPINNER. Seamstress SAWYER, BOOKKEPER, etc. Sy. Industry or business in which work was done, as SILK MILL, odd jobs (coronary sclerosis) (-	AGE Yeers	Months		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence	Date of onset		
12. BIRTHPLACE (city or town) Maryland	OCCUPATION	kind of work done, es SPI SAWYER, BOOKKEEPER, et 9. Industry or business in which work wes done, as SILK M SAW MILL, BANK, etc 10. Dete decessed lest worked at this occupation (mogth and	ILL, odd	jobs	ime (yeers)	(coronary sclerosis) Generalized arteriosclerosis	ef. 1937		
13. NAME	12	. DESTRUCT CONT OF TOWN/	Maryland				ef 1935		
What test confirmed diegnosis? CITILCET Was there en au'opsy? NO 15. MAIDEN NAME Ann Thompson 16. BIRTHPLACE (city or town) Maryland (Stete or country) 17. INFORMANT Hospital records (Address) 18. BURIAL, CREMATION, OR REMOVAL Modern Dete Lie 79, 1567 Place Hysterials Modern Dete Lie 79, 1567 19. UNDERTAKER Lacks Sons (Address) 18. UNDERTAKER Lacks Modern Dete Lie 79, 1567 19. UNDERTAKER Lacks Modern Dete Lacks Modern Dete Lacks Modern Dete M	20	13. NAME James H.	Wathen				51.		
15. MAIDEN NAME Ann Thompson 16. BIRTHPLACE (city or town) Maryland (Stete or country) 17. INFORMANT Hospital records (Address) 18. BURIAL, CREMATION, OR REMOVAL Modern Details of the following: No Menner of injury Menner of injury Menner of injury Menner of injury Nature of injury Nature of injury Nature of injury Nature of injury In any wey releted to occupation of deceased? 19. UNDERTAKER And Details or No Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE Nature of injury In any wey releted to occupation of deceased? 19. UNDERTAKER And Service Source Service Se	FATH		Marylan	d		Neme of operation Dete of			
(Specify city or town, county and State) 17. INFORMANT HOSPITAL records (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hypotherial Modern Dete Lie 79, 1987 Nature of injury 19. UNDERTAKER Lasele Sone (Address) 24. Wes disease or injury in any wey releted to occupation of deceased? 15. On Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 24. Wes disease or injury in any wey releted to occupation of deceased? 19. UNDERTAKER Lasele Sone (Address) 19. UNDERTAKER Lasele Sone (Address) 19. UNDERTAKER Lasele Sone (Address)	ER	15. MAIDEN NAME Ann Th	hompson		d Books Die				
17. INFORMANT HOSPITAL RECORDS (Address) 18. BURIAL, CREMATION, OR REMOVAL M. Dete Luc 29, 15% Nature of injury. 19. UNDERTAKER Lucks sore (Address) Address) 19. UNDERTAKER Lucks sore (Address) 19. UNDERTAKER Lucks sore (Address)	MOTH		Maryla	nd		Accident, suicide, or homicide? Dete of injury	, 19		
Place Programme of the	17		records	*		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ICE.		
(Address) Stypitagely ma If so, specify	18	B. BURIAL, CREMATION, OR REMOVE	al md o	ete Llic	29, 1937				
20. FILED 29 19 M.D.		(Address)	asche.	Son	ma		no M. D.		
If more bland and pleded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	20	1 37	If mor bl	acher					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	I

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6) 0//
County Ballimane	Registration Dist. No.
Village or CityEUDDWOOD SANATORIUM, TOWSON,	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	dean occurred in a normal or institution, give its IVAIVIE instead of street and number) 2 ds. How long in U.S. if of foreign birth?
2. FULL NAME ann Vinginia Watson	If U.S. Veteran specify WAR
(a) Residence: No. 1010 Payour	St., Ward. Bollinan
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W/DOWED,	21. DATE OF DEATH
Tewol White OR DIVERTED (write the word)	Deleuse B 1937 (Month) (Oay) (Fear)
5a. If marriad, widowad, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended daceased from
(or) WIFE of	Delaber 24, 1935, 10, December 16, 1937
6. DATE OF BIRTH (month, day, and year) august, 19 1861	I last saw her alive on Belever 16, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2120 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
/6 0 1 ormin.	were es follows: Oate of offset
8. Trada, profassion, or particular kind of work done, as SPINNER, Aguseury SAWYER, BOOKKEEPER, etc.	Mys Chillis Clume octob
kind of work done, as SPINNER, A SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate dacaasad, ask, worked, at this occupation (work) and the senant in this senant in this	
10. Oate dacasad ast worked at this occupation (month and 1925 spent in this 50 occupation occupation)	
12. BIRTHPLACE (city or town) Anne amount County	Other Coatributory Causes of Importance:
(State or country) many and	Bewelity Clause out
13. NAME James W (when	7 404)
14. BIRTHPLACE (city or town) And August (State or country)	Neme of operation Data of
	What test confirmed diegnosis? Was there en eutopsy! 23. If daeth was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Calleune Bell 16. BIRTHPLACE (city or town) anne annul Conty (State or country)	Accidant, suicide, or homicide?
(State of County)	Whara did injury occur?
Personal History Hospital Record	(Specify city or town, county and State) Spacify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Addre Budowood Sanatorium, Towson, Md.	
Place Faldum L. La, Oate Dec, 18, 19.37	Manner of injury
De Ruit Most	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way releted to occupation of dacaased?
Healin on William the Van House	(Signed) Na Bribers M. D.
20. FILED 12. 19 10 10 10 10 10 10 10 10 10 10 10 10 10	(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA-ARD. Every item of inforstated EXACTLY. UNFADING INK-THIS IS A PERMANENT R properly classified. TION is very important. See instructions on back of certificate. AGE should be AUSE OF DEATH in plain terms, so that it may ation should be carefully supplied.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	DEATH			210-m
County	Baltimo	re		Registration Dist. No. 38
Village or Cit	y Catonsy;	ille	(1í	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
	Ameli:	olsen an		If U. S. Veteran, specify WAR
PERSONA	L AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	4. COLOR OR RACE White	5. SINGLE, MARI	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH December 3 1937 (Month) (Day) (Yeer)
5a. If married, widowed HUSBAND of (or) WIFE of	t, or divorced Herman	Neise		22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (m 7. AGE Years		y 13 187 Days	If LESS than I dey,hrs. ormin.	to heve occurred on the dete stated above, at
9. Industry or bu work west of SAW MILL,	rk done, as SPINNER, BOOKKEEPER, etc usiness In which done, es SILK MILL, , BANK, etc	House-W At Home 11. Totel ti spen occu		Chest Crushed right side of smal trackerse both legs below threes.
12. BIRTHPLACE (city (State or count		ltimore N	id.	Other Contributory Causes of improstence:
13. NAME 14. BIRTHPLACE ((State or c	John G. city or town) cuntry) Ge	*		Name of operation
15. MAIDEN NAME Katherine Scheppach 16. BIRTHPLACE (city or town) Baltimore (Stete or country) Md.				23. If deeth wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Accident Dete of Injury 1923, 1937. Where did injury occur? Catomasselle Mod
(Address) 18. BURIAL, CREMATIC	Edward W.W. Catonsvillon, or REMOVAL	e,Md	c 7 ,19.3.7	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Public Road Menner of Injury Hit & Out
19. UNDERTAKER (Address) 220. FILED	ohn 7 be get + man 4,1937 m	arshale (Ship Dhest Registrar.	24. Wes disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JAN 4 1938				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Baltimore	Registration Dist. No.
Village or City Laschmout	No. 2305 Birch Brive St. Wa
0	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Chiquest Wells	If U. S. Veteran, specify WAR 10 Record
(a) Residence: No. 230 5 Buch Dring (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Securber 19, 1937 (Month) (Day) (Year)
HUSBAND of Cor WIFE of Elizabeth Wells.	22. I HEREBY CERTIFY, That I attended deceased from 1932 to 1932
DATE OF BIRTH (month, day, and year) Obril 2, 1850	I last saw h and alive on May 22 1937; death is si
. AGE Yeers Months Days If LESS than	to have occurred on the date steted ebove, at 11.32 p.m.
87 8 17 1 day,hrs.	were se follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Fisherman	Caronic Myocardial Degenera
9. Industry or business in which work was done, as SILK MILL Chesades he Roy Fresh	1930
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	9
73 Cf	Other Contributary Causes of Importance:
(State or country)	00
	Duiling
12	7,00
14. BIRTHPLACE (city or town)	Neme of operation.
	What test confirmed diagnosis purposes fund was here an autopsy?
11 /	23. If death wes due to external captes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
W. G. Bernell	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Yawa Yawa Garage (Address) 2.305 Birch Dring	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Dete Dete 15	Neture of injury
19. UNDERTAKER SUNGEN CONTROL (Address) 12/9 2 19 20 100 100 100 100 100 100 100 100 100	24. Was disease or injury in any way related to occupation of deceased?
OR ENED 12/2 10: Alchelus	(Signed) There It. Ukunacost, M
20. FILED 19 Registrar.	(Address I I had lastre Man land
If more blanks are peeded, address Stage Registrar	r, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 4 1938	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gausiones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

i			F MAR	YLAND-	CERTI	FICATE	OF DEATH	2767
,	L PLACE OF DEA					95-1	26 .30	7
	000111)	altimore					Registration Dist. No.	
М	Village or City	Catonsvil	. le		No.	Spring (Grove St. Hosp. St., stitution, give its NAME instead of street and	Ward
	Length of residence in ci	ty or town where d	leath occurred	yrslmos	16_ds.	How long in U.S	. If of foreign birth?	osds.
2	. FULL NAME		Wilhelm			If U. S. Veter	an, specify WAR	
	(a) Residence: No Baltimore,	3319 El Maryland	len Aven	ue of abode)	St.,	Ward.	If nonresident give city or town and	l State
SURE	PERSONAL AN					MEDICAL	CERTIFICATE OF DEATH	
	male w	R OR RACE hite	OR DIVORCE	RIED, WIDOWED, D (write the word) gle	21. DATE	OF DEAT	mber 2 (Month) (Oey)	, 193 7 (Yeer)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	erced —			22. Octol		BY CERTIFY, Thet I attended,19.37, to	
6.	DATE OF BIRTH (month, day	y, and year) Oc	tober 15	, 1862	I last saw h.	_im alive on	December 1, 19.37	_; death is said
7	AGE Years	Months	Deys	If LESS than			stated above, at 3:45 m. m.	
	75	1	17	1 dey,hrs.	The PRINCIP		EATH and related causes of Importance	Qate of onset
OCCUPATION	8. Trade, profession, or py kind of work done, SAWYER, BOOKKEE 9. Industry or business In work was done, as SAW MILL, BANK, 10. Oete decessed last work this occupation (mo	as SPINNER, EPER, etc which SILK MILL, etc rked at nth and	ene	ime (yaars)	Arte Seni	erioscle	us Septicaemia rotic Heart Disease b	f.10-16
12.	BIRTHPLACE (city or town) (State or country)	Rel+	timore, M	upation60 _y. Id •	Other Contri	butary Causes of	Importance:	
ER	13. NAME Jaco	b Wilhelm	n					
FATHER	14. BIRTHPLACE (city or to (State or country)					rationnfirmed diagnosis	alimianl and	
ER	15. MAIOEN NAME	Rebecce	Harris				I causes (VIOL ENCE) fill In elso the followin	
MOTHER	16. BIRTHPLACE (city or to (State or country)	nwn)	Maryland		Accident, sui		?none Oate of Injury	•
17.	INFORMANT Jacob (Address) 142			Washingto	Specify whet		(Specify city or town, county and Sta ed in INDUSTRY, In HOME, or in PUBLIC PI	ACE.
18.	BURIAL, CREMATION, OR F	REMOVAL	- 114-	4. 1937	Manner of in	ıjury	none none	
19	UNOERTAKER Ohi	nowel	tot m			se or injury in a	ny way related to occupation of deceesed?	none
	1.1	-70	1 //	1	(0)	. /	VAL. ON N.	001

Registrar.

If more blanks are negative, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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lt lt	Example II	
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
1-9 Part		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

STATE OF	MARYLAND-	CERTIFICATE OF DE	ATH 12768
1. PLACE OF DEATH			
County Galtimore		(186°a)	- Disk No.
4.110 (1)		m 6/ //	n Dist. No. 44
Village or City Maddle Cu	ver	No WANAMAK WOUNDER	ME instead of street and number)
Length of residence in city or town where death		sds. How long in U.S. If of foreign birth?	
2. FULL NAME Kate C.	Wilkingson		
m UI 1	- Harrison	If U. S. Veteran, specify WAR_	*************************
(a) Residence: No Was Blands	(Usual place of abode)	Ward. If nonreside	nl give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICAT	
	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	19 00
Firmale Mite	DE DEVORCED (write the word)	(Month)	(Day) (Yaar)
5a. If married, widowed, or divorced	14:00	(1101111)	(1881)
HUSBAND of (or) WIFE of	Telkinson	22. OHEREBY CERTIF	That I attended deceased from
7	the inta	107 10 to	1919
6. DATE OF BIRTH (month, day, and year).	6-1859	I last saw hall aliva on	(6-5), 190 /; daath Is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at //-	— C:m.
18	/3 ormin.	The PRINCIPAL CAUSE OF DEATH and related can were es follows:	uses of Importance
8. Trede, profession, or particular	of bloom	1 / /2	
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	140000	+ squelle -	
94 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		21, CID	
SAW MILL, BANK, etc	11. Total tima (years)	Mroue Janul	orhean
10. Date decaasad last worked at this occupation (month end	spent In this	disease -	
12.14	O .	Dther Coath story Causes of Importance;	
12. BIRTHPLACE (city or town)	G.	Christia Colfe	260
(Stata or country) Paryla	na_	- Lasture hip	= i due ta
II 13. NAME JASEKH BOAYE	2	roscidental faff.	ousp.
4 14. BIRTHPLACE (city or town)	our	Name of operation	Date of
(State of country)	nd	What test confirmed diegnosis?	Was there an eutopsy?
15. MAIDEN NAME / NORTH NAME /		23. If daath wes due to externel causes (VIOLENCE)	fill in also the following:
0 16. BIRTHPLACE (city or town)	own	Accident, suicide, or homicide? - Coccidenti-	. Date of Injury Pergust, 1937
(State or country)	WY .	Where did Injury occur?	V
17. INFORMANT MAS Cella M. C	odwards	Specify whether injury occurred in INDUSTRY, in I	or town, county and State) HOME, or In PUBLIC PLACE.
(Address)		in her home.	
18. BURIAL, CREMATION, OR REMOVAL	Ven 65 20	Manner of Injury Desidentaly fal	la
Pice / sem emery o	nterocci. 22-190/	Nature of Injury	
19. UNDERTAKER Frederick Las	salmo Jones	24. Was disease or injury In any way related to occu	upation of deceased?
(Address) 7401 Belair	Road	If so, specify	A D
10-21 375%	B-600010	(Signad) X Laveep	Kal M.D

Registra . If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addrass)

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Date of onset
1 week ago
1 week ago
3 days ago
1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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LION

20, FILED.

OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH HLTO County Registration Dist. No. Village or City CATONSVIL (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. How long In U.S. if of foreign birth?______grs.______ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of to De Cember 8 6. DATE OF BIRTH (month, dev. end year) 7. AGE Years If LESS then Months Oavs to heve occurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or____min. Date of onset 8. Trede, profession, or perticular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc OCCUPATI 9. Industry or business in which work wes done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceesed lest worked at 11. Totel time (years) this occupetion (month end spent in this occupetion Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIOEN NAME 23. If deeth wes due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury______ 19. (Stete or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL A Manner of Injury Neture of injury__ 24. Was disease or injury In eny wey related to occupetion of deceesed? 19. UNOERTAKER (Address) If so, specify

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	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

AGE should be stated EXACTLY. PHYSICIANS should sware SRD. Every item of infor-UNFADING INK-THIS IS A PERMANENT R MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLA

1. PLACE OF DEATH	Registration Dist. No. 37
Village or City Colsesperal le	No. St., Ward [f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How iong in U.S. if of foreign birth?yrsmosds
2. FULL NAME Many L. Winder	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	- St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (puring the woold)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Ben Windle	22. HEREBY CERTIFY, That i attended deceased from
B. DATE OF BIRTH (month, day, and year) May 5, 1885	I last saw her aliva on dec 5 1937; death is said
7. AGE Years Months Days if LESS than 1 day,hrs.	
57 6 3 1 day,nrs. ormin.	were es follows:
SAWYER, BOOKKEPPER, etc. 10. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked at this occupation (month and specific properties). Specific properties of the specific properti	Chronic Jahrelas Endocardity 1936
SAW MILL, BANK, etc 10. Date daceasad last worked at this occupation (month end years) year)	
12. BIRTHPLACE (city or town) Confuncy Ind	Other Contributory Causes of Importance: Chronic Defleration
13. NAME Golm Stepney	
13. NAME John Stepney 14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Suical Was there an autopsy? Description Date of Date
15. MAIDEN NAME Than Spling 16. BIRTHPLACE (city or town) Spannley	23. if daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
(Stata or country) 17, INFORMANT 200 100 117, INFORMANT 200 200 200 200 200 200 200 2	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Confinently, Ind	
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 11, 1937	Menner of injury
19. UNDERTAKER W- Sparker mel.	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED Dec 10, 1937 William Jehilcon	(Signad) Wilmer C. Onsor M. I.

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Example I Example II The principal cause of death and related causes of importance were as rodows.

Attack of epileps: The principal cause of death and related causes Date of onset of importance were as follows: Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

	STA	TE OF	MARYLAND-	CERTIFICATE OF	DEATH, 1	2771
	1. PLACE OF DEATH,			948	1	
,	County Ballum	we		Regi	istration Dist. No. 3	7
/	Village or City Lutth	everl	les	No	St,st NAME instead of street and	- Ward
	Langth of residence in city or to	wn where death	1			10sds.
	2. FULL NAME	meles	Rudoph	Wood O.S. Veteran, specify	WAR NO War (retra,
	(a) Residence: No.	144 m	t. Ila are. al	Jasidna Ward.	onresident give city or town and	L .
	PERSONAL AND ST	TATISTICA		MEDICAL CERTIF	ICATE OF DEATH	
	3. SEX 4. COLOR OR MALE, Wh		SINGLE, MARRIED, WIDOWED, DE DIVORCED (parite the word)	21. DATE OF DEATH		., 193. 7
	5a. If marriad, widowed, or divorced			- (month) (Day)	(Teal)
	HUSBAND of Single	0			RTIFY, That I attanded	dacaasad from
9	6. DATE OF BIRTH (month, day, and y	aar) Glas	L84 1862	I last saw h alive on (2		_; death is said
certificate	7. AGE Years	Months	Days If LESS than	to have occurred on the date stated abova,		
rtif	75 4	7	d l day,hrs	The PRINCIPAL CAUSE OF DEATH and re ware as follows:	latad causas of Importance	Date of onset
	8. Trede, profession, or particula kind of work done, as SPI SAWYER, BDOKKEEPER, e	I NNED DO	tied.			Date of ouset
of	SAWYER, BOOKKEEPER, e	tc	70.	Coronary trafer	ction	12-8-37
back	Industry or businass In which work was done, as SILK M SAW MILL, BANK, etc		usiness	Coronary John	Louis	(2-5-3;
no si	O Date daceasad last worked at this occupation (month and year)	20	11. Total tima (yaers) spent in this occupation			
instructions	12. BIRTHPLACE (city or town) (State or country)	Hobes	gea.	Other Contributory Causes of Importance: Oxferio Lelaror	<u></u>	unh
nstri	13. NAME Thomas	Jam	4 Woods			
See	14. BIRTHPLACE (city or town)	Irela	nd.	Name of operation	Date ol	
ZŽ	(State or country)	0-	111110	What test confirmed diagnosis?	Was there an	autopsy? 10
nt.	15. MAIDEN NAME Care	dine	(marino)0-	23. il death was due to external causes (VIO	LENCE) fill in also the followin	g:
important	16. BIRTHPLACE (city or town) (Stete or country)	Germ	ang,	Accidant, suicide, or homicide?	Date of injury	, 19
	17. INFORMANT Arother	- Geor	ge. 8. N. H.		ify city or lown, county and Sta FRY, In HOME, or In PUBLIC PL	ite) LACE.
very	18. BURIAL, CREMATION, OR REMOV		rav. 100			
2.	Place Sluray	sem!	lata h 2 19 8	Manner of injury		
TION	19. UNDERTAKER John	Busi	is Sons 937	24. Was disaase or injury in any way ralatad	d to occupation of deceased?	no
	(Addrass) Tow	don	and 1	If so, specify	15	
5	20. FILED DRC. 11., 1937.	William	Dant Loral Registrar.	(Signad) Danjuk (Address) Luther	wille , me	M. D
		If more blan		, 2411 N. Charles Street, Baltimore, Requesting	U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
TREAT!				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE I	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
TANDITIONAL	DIACE	LOW	I CICITIFIE	DIVITALIANT	T. 2	T TE T DI CIT	474

V. S. No. 1

(Addrass)

te r	STATE OF MARYLAND—	CERTIFICATE OF DEAT
state UPA-	1. PLACE OF DEATH	88-77
of Eld	/ County Bultimore	Registration Dis
Every item of CIANS should ement of OCC	4 ./	No. death occurred in a hospital or institution, give its NAME is death occurred in a hospital or institution, give its NAME is ds. How long in U.S. if of foralgn birth? If U.S. Veteran, specify WAR
D. Every PHYSICIANS of statement	(a) Residence: No. Reisterstown Just	St., Ward.
E 7	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE
LY.	3. SEX 4. COLOR OR RACE S. SHIGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH See
X A CTL I	5a. If married, widowed, or divorced HUSBAND of (ar) WHEE of January Rich Weyatt	22. DEC PER CERTIFY.
-	6. DATE OF BIRTH (month, day, and year) 12 - 21 - 59	I last saw has aliva on Die 98
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS then 1 day,	to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes were as follows:
HIS be be of	8. fraña, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Certal Henont
VG INK—TAGE should that it may ons on back	SAWYER, BDDKKEEPER, etc. 9: Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data decassad last workad at this occupation (month and /o years) spent in this year) year)	
So so retir	12. BIRTHPLACE (city or town) Balliewore, Mich (Stata or country)	Dthar Contributory Cardes of importance
INF.	13. NAME Thomas James Ungatt	
sur in to	13. NAME Mornes James Mujatt 14. BIRTHPLACE (city or town) Ballings Mul (State or country)	Name of oparation
	15. MAIDEN NAME Sophie Louise Hollingswerth	23. If death was dua to axternal causas (VIOL ENCE) fill i
LY, WI be careful EATH in pimportant.	16. BIRTHPLACE (city or town) Buttlemore Mul.	Accidant, suicide, or homicide?
	17. INFORMANT Artheur Dich Usyatt	Whera did Injury occur?
FE SI SI SI	18. BURIAL, CREMATION, OR REMOVAL Place District Date 10, 1937	Manner of injury
WRI ation AUS	19, UNDERTAKER Win Bernyman & Sono	24. Was diseasa or injury in any way related to occupati

St, Ward ___yrs.____ds. e city or town and State OF DEATH That i attandad deceased from ... 193.7. 1937 ...; daath is said /_m. of importance Data of onset _____ Data of _____ --- Was thara an autopsy?----n also the following: te of injury....., 19..... wn, county and State) E, or in PUBLIC PLACE. 24. Was diseasa or injury in any way related to occupation of deceasad? if so, specify (Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 JAN 5 1938			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

JRD. Every item of infor-IS A FERMINE Stated EXACTLY. PHYSICIAMS Successful. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLA

MARGIN RESERVED FOR BINDING

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(95%)
County / Sallemore	Registration Dist. No. 40
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs. emos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMESILE IT WYLES	If U. S. Veteran, specify WAR
(a) Residence: No. Jugooble Med (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec (Month) (Day) (Pear)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Willeam Oliver Wylee	22. I HEREBY CERTIFY, That I attended deceased from 12-14-37 , to 12-16 , 1937
6. DATE OF BIRTH (month, day, and year) Nov. 8. 1859	I last saw h_21 alive on_12-14
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6. Jean.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Hyportensive arterial scleration Date of onset
SAWYER, BOOKKEEPER, etc. C. Sawara Sa	Heart diserse (care)
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerebral terrostage 12-14-3)
SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as STINNER. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
13-01	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Allunotte (State or county)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
E R Co	
(State or country)	Name of operation
	What test confirmed diagnosis? Ollererol Was there an autopsy? 23
16. BIRTHPLACE (city or town) / Zallinoze /	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
T. P. OO.	Where did injury occur? (Specify city or town, county and State)
17. INFORMATION OF CHARACTER CHOCK OF CHARACTER (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place or and they Date 720 ,197	Nature of Injury
19. UNDERTAKER Willeam (20) (Address) 277 sto Paul H.	24. Was disease or injury In any way related to occupation of deceased?
20, FILED 2/143), Whallin MINAMONT. Registrat.	(Signed) Le Ottodous M. D. (Address) Essuvora ma
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year			
			See I			

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AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	SPALE	B.C.I.K.	R.I. B.I. H.B.K	STATEMENTS	H Y	PHYSILIAN
TAN DALLONIAND	MI STOR	7 ()14	Y O TATITUTE	MANAGEMENT AND	-	T AT A DA CAZATA

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH	Registered No. 43
CITY OF BALTIMORE: (No. 2 Filler toutle	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
11/	.mosds. How long in U. S. If of foreign birth?yrsmosds.
C/r	belenka, If U.S. Veteran
2. FULL NAME Jances 9:	specify WAR
(a) Residence: No. 2 Julie Ton Ka	ghti _{St.} , Ward.
(Usuai place of abode)	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed,	21. DATE OF DEATH (month, day, year) Dec. 28, 1937
Howale White or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced	, 19 to , 19 19 19
HUSBAND of	I last saw h Talife Brown A Man 19 Death is said
(or) WIFE of	/ /
6. DATE OF BIRTH (month, day, year) Sefet	to have occurred on the date stated nbove, ntm.
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
1 day,hrs. ormin.	The state of the s
8. Trade, profession, or particular	Haplunga. Uneutysin
kind of work done, as spinner,	for for for the same of the sa
9. Ladustry or business in which	I lentrecal in fram
work was done, as silk mill, saw mill, bank, etc	Other contributory causes of importance:
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	
12. BIRTHPLACE (city or town)	Was an operation performed?————————————————————————————————————
(State or country)	
13. NAME Gosef F! Releuka For what disease or injury?	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation.
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Cenna Student	lowing: Accident, suicide, or homicide?
State or country)	Where did injury occur?
davin Curana	Specify whether injury occurred in industry, in home, or in public
17. INFORMANT	place
(Address) & Julieton kight; high	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
Place Holy Roderne Date Dec 31 1937	
19. UNDERTAKER Frank Swach Won	24. Was disease or injury in any way related to occupation of deceased?
(Address) / 906 Calland Co	If so, specify
20. FILED 12/29, 19.32 & a. Fish, m.D.	(Signed) M. D.
20. FILED Registrar.	(Address) 680/ Believe Poly
VS 3	

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